

CREDIT CARD AUTHORIZATION FORM

All Credit Cards Accepted

Convenience Charge Applied To Each Transaction

PLEASE TYPE / PRINT CLEARLY

TODAY'S DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

MasterCard Visa Discover AmericanExpress OTHER

CARD/ACCOUNT NUMBER: _____

EXP. DATE (MM/YYYY): _____ 3-DIGIT CODE (5-DIGIT ON AMEX): _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ PRINTED NAME: _____

Completed form authorizes Ed/Glen Chamber to run credit card for specified amount and corresponding convenience charge. Receipts emailed as requested. This form is destroyed immediately upon successful processing. If not processed immediately upon receipt, this authorization form is stored in a secure location until processed.

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ed  glen



Edwardsville | Glen Carbon
Chamber of Commerce