

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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EMAIL: office@edglenchamber.com

edglen
★★★★★
Edwardsville | Glen Carbon
Chamber of Commerce