



ABWA Greenspoint Chapter

AUTHORIZATION FOR CREDIT CARD PAYMENT

CARD ISSUED IN THE NAME OF:

BILLING ADDRESS:

PHONE # / FAX #:

_____ / _____

TYPE: (Circle One)

VISA MASTERCARD AMEX DISCOVER

CREDIT CARD #:

EXPIRATION DATE:

_____ CVV Code on Back _____

SIGNATURE:

<input type="checkbox"/> ONE TIME PURCHASE - Inv # _____	
This authorization is for one time only for the invoice noted above.	
_____	Initial
<i>Description of Items to be charged:</i> (i.e. Luncheon, Business Associate Event)	

<input type="checkbox"/> MULTI USE - TO BE KEPT ON FILE	
Please keep this authorization on file for multiple purchases.	
_____	Initial
<i>Description of Items to be charged:</i> (i.e. Regular Monthly Luncheons)	

PLEASE COMPLETE FORM AND FAX TO TOLL FREE 1-866-422-9788.

EFFECTIVE DATE: _____