



**AUTHORIZATION FOR CREDIT CARD PAYMENT**

CARD ISSUED IN THE NAME OF: \_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE # / FAX #: \_\_\_\_\_ / \_\_\_\_\_

TYPE: (Circle One)                      VISA                      MASTERCARD                      AMERICAN EXPRESS

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_                      CVV Code on Back \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

ONE TIME PURCHASE - Inv # \_\_\_\_\_

This authorization is for one time only for the invoice noted above.

\_\_\_\_\_ Initial

*Description of Items to be charged:*  
(i.e. Luncheon, Business Associate Event)

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MULTI USE - TO BE KEPT ON FILE

Please keep this authorization on file for multiple purchases.

\_\_\_\_\_ Initial

*Description of Items to be charged:*  
(i.e. Regular Monthly Luncheons)

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PLEASE COMPLETE FORM AND FAX TO 281-875-6048 OR TOLL FREE 1-888-890-0022.

EFFECTIVE DATE: \_\_\_\_\_