



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

Email _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD TYPE: MasterCard Visa American Express Discover Card

Card Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date ____/____/____

Acknowledgment: Please accept my signature above as permission to charge my credit card for the following amount(s). Please type/write your name as it appears on the credit card. A processing fee of \$5.00 is applicable for all credit card charges.

Souvenir Ads/Compliments: _____

Processing Fee: \$ 5.00

Total Charge: \$ 5.00

Note: All forms may be filled out online or manually. Please reference the "Souvenir Journal Instructions Form" for filling out the form and for payment procedures.

PLEASE FAX CREDIT CARD FORM TO (901) 775-5000. DO NOT MAIL THIS FORM.