



CREDIT CARD AUTHORIZATION FORM

Name: _____ Address: _____

Visa: _____ Master Card: _____ Discovery: _____ American Express: _____

*Card Number: _____ Expiration Date: _____

Acknowledgment: Please accept my signature as permission to charge my credit card for the following amount(s).

Note: Please type your name as it appears on the credit card.

Note: A processing fee of \$5.00 is applicable for all credit card charges.

Souvenir Ads/Compliments: _____

Processing Fee: _____

Total Charge: _____

Signature: _____ Date: _____

Note: All forms may be filled out online or manually.

Note: 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.