



CREDIT CARD AUTHORIZATION FORM

Name: _____ Address: _____

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

*Card Number: _____ Expiration Date: _____

CVC Code: _____

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 applied per credit card transaction.

Souvenir Ads/Compliments: _____

Processing Fee: _____

Total Charge: _____

Signature: _____ Date: _____

Note: The form may be filled out on-line 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 or Email to: souvenirwic@cogic.org

PLEASE DO NOT MAIL THIS FORM