



CREDIT CARD AUTHORIZATION FORM

JURISDICTION _____

Phone# _____

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.

PLEASE EMAIL FORM to: souvenirwic@cogic.org

PLEASE DO NOT MAIL THIS FORM