



## 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](mailto:souvenirwic@cogic.org)**

**PLEASE DO NOT MAIL THIS FORM**