



CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD (Check One)	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHER
TYPE OF ACCOUNT (Check One)	<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS		
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE		CARD CODE			
AUTHORIZED AMOUNT					
DATE OF CHARGE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		FAX		EMAIL	

AUTHORIZATION OF CARD USE
<p>1. I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>2. I certify that all information above is complete and accurate.</p> <p>3. I hereby authorize the Georgia Legislative Black Caucus, Inc., to collect payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. Additionally, I understand this authorization is only valid during the time period of "DATE OF CHARGES" referenced above.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	