

APICS GFTW CHAPTER 260

CREDIT CARD CHARGE AUTHORIZATION

Please fax completed form to APICS GFTW at: 469-286-0870
DO NOT SEND VIA INTERNET EMAIL

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Card Type: _____
[VISA, MASTER CARD, AMERICAN EXPRESS]

Credit Card Number: _____

Card Expiration Date: Month _____ Year _____

Card Code (From Corporate Card): _____

Amount Authorized: \$ _____

For: _____

Signature: _____

Email: _____

PLEASE NOTE: APICS GFTW Chapter 260 does not electronically store credit card information or keep a copy of this form. Upon completion of the credit card charge processing through our Merchant Credit Card Services account, this form will be destroyed and a formal charge receipt will be sent to the email address listed on the form.

7/1/09