



icpi

Southwest Chapter

Credit Card Authorization

I, _____ authorize the ICPI Southwest Chapter to charge
(Print name as it appears on Credit Card)

\$ _____ to the following credit card. I further agree that if there is any dispute regarding the charged transaction, I will handle directly with the ICPI Southwest Chapter and will not dispute this transaction through my credit card company.

Card Type: Visa ____ MasterCard ____ Recurring Charge (Y/N): Date: _____

Card Number: ____ - ____ - ____ - ____ CSV #: ____ Digits on back of card.

Expiration Date: _____

Name of Cardholder: _____

Cardholder Phone Number: _____

Credit Card Billing Address: _____

(street number)

(city) (state) (zip code)

Signature of Cardholder: _____

Print Name: _____ Date: _____