

# 2019 Credit Card Charge Authorization



## Company Information

Company Name: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Amount to be charged to Credit Card: \_\_\_\_\_

## Credit Card Info

Type of Credit Card       VISA       Master Card       American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Code # \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

- ✓ This form may be **faxed to 703-207-8558** or **mailed to the address at the bottom of the page**.
- ✓ **Do not email this form.** For your security, this form will not be processed if sent by email. This could cause delays in your participation. Emailed credit card information will be deleted immediately.
- ✓ Make sure to **reference your Participant ID Number** when submitting the credit card authorization form to ensure that payment is posted to the correct account.