



AADR Credit Card Authorization Form

Credit Card Billing Information:

Name on Card:					
Credit Card Type:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> AmEx	<input type="radio"/> Discover/Novus	<input type="radio"/> Other
Credit Card Number:					
Inter CVC Number:	<i>Last 3 digits from back of card or 4 digits from face of card</i>				
Expiration Date:					
Email:					
Contact Phone:					
Billing Address 1:					
Billing Address 2:					
City:					
State/Province:					
Zip/Postal Code:					
Country:					

Bill my credit card once for the following amount:	\$
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The undersigned is the duly authorized representative of [Your Company Name] above.

Authorized Signature: _____ **Date:** _____

Disputes to amounts invoiced should immediately be reported to Karin@aa4dr.org