

CREDIT CARD AUTHORIZATION FORM

Credit Card Information

Visa MasterCard Discover

Cardholder Name: _____

Credit Card Number: _____

Event: _____ Division: _____ District: _____

Expiration Date: _____ VCode or Authorization Code: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Email: _____ Amount Charged: _____

Phone Number: _____

(Associated with credit card)

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature: _____

Printed Name: _____

Date: _____

GMEA FAX NUMBER 678-289-9250

Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint)