



CREDIT CARD AUTHORIZATION

This form is to be used when NOT using immediate electronic processing of card.

THIS FORM WILL BE DESTROYED IMMEDIATELY AFTER PROCESSING

DATE: ____/____/____ AMOUNT: \$_____ CARD TYPE (**circle one**) : VISA / MASTERCARD / AMEX

NAME (**print**): _____

PURPOSE: ☐ DONATION ☐ RECURRING ☐ AUCTION ITEM ☐ TICKET ☒ OTHER: Inclusive Career Fair Fee

CREDIT CARD NUMBER _____ EXP DATE: ____/____/____ SECURITY CODE: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER: (____) _____ CARD OWNER SIGNATURE: _____

EMPLOYEE NAME (**print**): _____