



# Austin-San Antonio Corridor Council

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## Credit Card Authorization Form

Please complete all sections below.

### Customer Information

Company Name: _____			Date: _____
Company Contact: _____			Telephone: _____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address: _____			
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>ZIP Code (Billing Address)</i>

### Credit Card Information

Account Number:	<input type="checkbox"/> American Express	Expiration Date:	Transaction Amount:
	<input type="checkbox"/> Discover Card		
	<input type="checkbox"/> Master Card		
	<input type="checkbox"/> Visa		
Event: _____			

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*Cardmember acknowledges receipt of goods/and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the Cardmember's Agreement with the Issuer.*

\_\_\_\_\_  
*Signature of Cardholder*

\_\_\_\_\_  
*Date*