



**Austin-San Antonio
Corridor Council**

PO Box 1618
San Marcos, TX 78667
Phone: (512) 558-7360
Fax: (512) 558-7365

Email: council@thecorridor.org

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>	
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Address: _____
Street Address

<i>City</i>	<i>State</i>	<i>ZIP Code (Billing Address)</i>
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Credit Card Information

Account Number: _____

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