



**THE ROTARY CLUB OF RIDGEWOOD A.M.
NEW JERSEY, U.S.A. • CHARTERED 1987**

Credit Card Authorization Form

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.**

Cardholder Name: _____

Billing Address: _____

Telephone Number _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Verification Code (last 3 or 4 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize The Ridgewood AM Rotary to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date below:

Signed: _____

Dated: _____

Name: _____

Email receipt to : _____