

## CREDIT CARD AUTHORIZATION

Please print this form, complete it and fax it to (717) 790-9506.

Circle Credit Card: Visa      MasterCard      American Express      Discover

Credit Card # \_\_\_\_\_

Expiration Date (MO/YR) \_\_\_\_\_ Card Verification # \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Vale Invoice # (if known) \_\_\_\_\_

Payment for:  Merchandise  Publications  Tuition Fees  Lodging Fees

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Shipping address, if different than billing address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Your product and/or invoice will be sent in two (2) business days.

Inquiries: (800) 233-7095

