



CREDIT CARD AUTHORIZATION FORM

Please completely fill out the following information to allow Contractors Safety Council of the Coastal Bend Inc. to apply charges on your credit card. This form is to be faxed back to the CSCCB for immediate action, 361-289-6557.

Please print clearly. Note all information as it appears on the credit card.

CARD HOLDERS NAME: (as it appears on the card) _____

CREDIT CARD TYPE: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE: (Three digit number is noted on back of card, Four digit number on front of American Express) _____

CREDIT CARD BILLING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CHARGE AMOUNT: _____ PROCESSING FEE: \$5.00 TOTAL: _____

DESCRIPTION OF CHARGE(S): _____ MEMBERSHIP _____ CLASSES _____ REPLACEMENT BADGE

Please place your driver's license on The square below and make a photocopy.

A copy of your credit card and current driver's license must accompany this form.

Please place your credit card on The Square below and make a photocopy.

Two large empty rectangular boxes for photocopying driver's license and credit card.

I agree and authorize that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company, or association fails to pay for any portion or the full amount of these charges.

Card Holder Signature: _____ Date: _____