



## Credit Card Authorization

### Payment Information

Product/Event: \_\_\_\_\_

Fee: \_\_\_\_\_

### Credit Card Information

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type of Card: AmEx \_\_\_\_\_

Visa \_\_\_\_\_

PIN/CVC Code: \_\_\_\_\_ MC \_\_\_\_\_

Other \_\_\_\_\_

### Credit Card Billing Address

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I here by authorize The Hispanic Chamber of Commerce of Contra Costa County to charge my credit card for the amount of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_