



Credit Card Authorization Form

All information will remain confidential.

Please print legibly.

Customer Information

Company Name:
Contact Name:
Contact Phone Number:

Billing Information

Credit Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Credit Card Number:				
CVV2/CSC Number:				
Expiration Date (MM/YY):				
Name on Credit Card:				
Billing Address:				
Billing City:				
Billing State, Zip:				

List of Authorized Users

1.
2.
3.
4.

Lake Travis Chamber of Commerce (LTCC) is hereby authorized to charge the indicated credit card on a recurring basis for any services provided. In the event I no longer wish to participate as a member, I will provide 30 days written notice to LTCC. I agree that I will pay for this purchase and indemnify and hold LTCC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. I agree to inform LTCC of any change (including expiration date) in my credit card information, which may be required in writing. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring billing agreement.

Signature

Date