



ad club *of* connecticut

CREDIT CARD AUTHORIZATION FORM

Your Name:

Company Name:

Company Address:

City:

State:

Zip:

Phone:

I, _____, authorize The Advertising Club of Connecticut
to charge the amount of \$ _____ on the following credit card for payment of

If payment is for event attendance, please list all of the attendees names:

VISA MASTERCARD AMEX

Card #:

Expiration Date:

Authorization Code #:

Name on Card *(If different from above)*:

Company Name:

Mailing Address:

City:

State:

Zip:

Phone:

Signature:

Date:

FOR MORE INFO, PLEASE CONTACT:

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