

**NJAMHAA Credit Card Authorization Form**

Event Name: \_\_\_\_\_

Attendee Name or Description of Charge: \_\_\_\_\_

Organization: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Event Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

**Pay by credit card (Visa or MC only) by completing the following information:**

Cardholder Name: \_\_\_\_\_  
**(PLEASE INCLUDE PERSON'S NAME AND ORGANIZATION NAME**

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Street address of cardholder: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ CV#: \_\_\_\_\_

\_\_\_\_\_ Check here if this is a company card

**\*\* The credit card will not be processed if ALL information is not completed\*\***