CREDIT CARD AUTHORIZATION FORM

I authorize Chicago Dental Society to charge the credit card listed below for: ☐ Other Advertising ☐ Member Dues ☐ Sponsorships (Courses) ☐ Exhibits/Hanging Signs ☐ Sponsorships (Corporate) ☐ Regional Meetings Credit Card Type: Visa \square Mastercard \square American Express \square Amount: \$____ Name as it appears on the card: Credit card number: Expiration date: ______ CW code: _____ Billing address: ______ Cardholder signature: Cardholder phone: _____ Cardholder email: _____