

PAYMENT AUTHORIZATION FORM

Please complete the information requested below to authorize payment to the mailing address.

Hispanic Chamber of Commerce of Tampa Bay
P.O. Box 20933, Tampa 33622-0933

PLEASE EMAIL THIS FORM TO Info@TampaHispanicChamber.com

Company Name _____	
Company Mailing Address _____	

Telephone _____	Fax _____
Email Address _____	
Contact Person _____	Position _____

- Payment intended for membership dues for the year. Payment intended for a Chamber event on _____ date only.
- Please check this box if you would like to keep this form on file to authorize (upon confirmation) future charges related to Chamber events.

CREDIT CARD TYPE: DISCOVER MASTER CARD VISA AMERICAN EXPRESS

Please print clearly the following information requested below.

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Official Credit Card Name: _____

Credit Card Customer Service Phone Number: (_____) _____ **CVV CODE:** _____

PLEASE PRINT CLEARLY

ACCOUNT NUMBER																			
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AUTHORIZED SIGNATURE REQUIRED _____

TO BE USED BY CHAMBER PRINCIPALS ONLY

Amount Charged: _____ **Date Payment Processed:** _____ **Purpose of charge:** _____