

Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION FORM AND RETURN.
All information will remain confidential.

*Name on Card: _____

*Email Address: _____

Billing Address (Optional) _____

*Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

*Credit Card Number: _____

*Expiration Date: _____

*Amount to Charge: \$ _____ (USD)

Please note that there will be a 2.5% additional credit card use charge.

I authorize **PAC/LAC** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Aida Simonian at asimonian@paclac.org