

# One Time Credit Card Payment Authorization Form

Please complete ALL information

Adult (13 yrs and up) Dinner Tickets \$15/ea. X \_\_\_\_\_ Tickets = \$ \_\_\_\_\_

Child (7 thru 12 yrs) Dinner Tickets \$5/ea. X \_\_\_\_\_ Tickets = \$ \_\_\_\_\_

Raffle Tickets \$100/ea. X \_\_\_\_\_ Tickets = \$ \_\_\_\_\_

**TOTAL AUTHORIZED CHARGE = \$ \_\_\_\_\_**

Card Type:  Visa  MasterCard  American Express  Discover

Exact Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ (15 for AMEX, otherwise 16)

Expiration Date: \_\_\_\_\_

CVV2 Code \_\_\_\_\_ (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

I authorize **The Exchange Club of Sugar Land** to make a one-time debit to my credit card, for the indicated amount.

\_\_\_\_\_  
Cardholders Name

\_\_\_\_\_  
Date

**Exchange Club Member's Name** \_\_\_\_\_

**SPECIAL INSTRUCTIONS/COMMENTS:**