



## CREDIT CARD AUTHORIZATION

**Sponsor/Exhibitor Name:** \_\_\_\_\_

**Credit Card Issuer/Bank:** \_\_\_\_\_

**Name of Card Holder:** \_\_\_\_\_

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

**Billing address:** \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

**Card Type:** Master /Visa / Discover/ Amex  
(Please Circle the applicable)

**Credit Card Number:**

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**Expiration Date:**

M	M	Y	Y
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**Amount Authorized:** \$ \_\_\_\_\_

**Security Code:**

M	M	Y	Y
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**Amount** (In words) \_\_\_\_\_

\_\_\_\_\_

**Payment authorized for:** Sponsorship / Business Exhibits / Donation / Other  
(Please Circle the applicable) If other please specify \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_  
(Print Name)

**Signature:** \_\_\_\_\_

Thank you for all your support and contributions.

**AIHR is a 501(c) (3) Non-Profit Organization.**