

**Choctaw County
Chamber of Commerce & Community Development Foundation
Credit Card Authorization Form**

Card Holder Information

Name on Card: _____
(Print Name exactly as it appears on the Credit Card)

Billing Address: _____
City, State, Zip: _____
Home Number: _____
Cell Number: _____

Payment Authorization

I, _____, hereby authorize the Choctaw County Chamber of Commerce, and Community Development Foundation, to charge the amount of \$_____ for the purchase of the following:

[] Chamber Membership [] Chamber Sponsorship

Card Holder Signature: _____ Date: _____

For OFFICE USE ONLY:

Receipt # _____ Date: _____
Year: _____ Last 4: _____

***For security purposes, once transaction is processed, this portion will be cut off and shredded. ***

Credit Card Type: _____ Expiration Date: _____

Credit Card Number: _____

Card Identification Number/ Security Code: _____ [3/4 digit code on back of card]

Send completed form to:
Choctaw County Chamber of Commerce
P.O. Box 180, Butler, AL 36904
205-459-3459 * 205-604-8085

fax: 205-459-4359