

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize and make a one time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I,(Full Name)	_ authorize CBIA to cha	arge my credit ca	ard account indicated below	
on behalf of(Your Company N	Name)			
This one-time payment is for th	e CBIA PWB Brunche	on at PCBC, Ma	<u>y 25, 2023:</u>	
\$2,000	\$2,000 Platinum Sponsor		\$500 Silver Sponsor	
\$1,000	\$1,000 Gold Sponsor		\$250 Bronze Sponsor	
This payment is authorized on or after (authorization date)				
Billing Address		Phone#	Phone#	
City, State, Zip		Email	Email	
Account Type: 🗌 Visa	MasterCard	AMEX	Discover	
Cardholder Name				
Account Number				
Expiration Date				

SIGNATURE _

DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.