



CREDIT/ DEBIT CARD AUHORIZATION FORM

Revised 6/6/2007

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Indiana Roofing Contractors Association
Credit/ Debit Authorization Form

Company Name¹ _____

Card Type VISA MasterCard American Express

Card Number _____

Name on Card _____

Expiration Date _____ / _____ ex: 01/2008

Credit Card ID (CVV2) Number² _____

Credit Card Billing Address _____

¹ If you are not incorporated or you are an individual, please enter your full name in this field.

² The Credit Card ID (CVV2) Number can be found on the back of VISA and MasterCard cards, or on the front of American Express cards as shown in the image below:



E-mail statements and receipts should be sent to: _____ (Please print clearly)

_____ @ _____

Amount authorized to charge \$ _____

I, _____ authorize Indiana Roofing Contractors Association to bill this credit/ debit card (or any other credit card submitted to Indiana Roofing Contractors Association in the future) for any Indiana Roofing Contractors Association fees

Card Holders Signature _____

PLEASE FAX THIS FORM TO 317-546-4764

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