



CREDIT CARD CHARGE FORM

Name:

Company (if applicable):

Mailing Address:

Phone Number: _____ - _____ - _____

Amount Charged: \$ _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Service Rendered (for office use only): _____

*I authorize the World Affairs Council of Charlotte
to charge my credit card for the above amount.*

Signature: _____

Date: ____ / ____ / ____

Information taken by: _____ Date: _____