



## CREDIT CARD CHARGE FORM

Please Fax to 704-687-4372

Name:

\_\_\_\_\_

Company (if applicable):

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_      **3-digit Security Code:** \_\_\_\_\_

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: \_\_\_\_\_