



# Credit Card Authorization Form

625 North Hedville Road, Salina, KS 67401 Phone 785-827-9488, ext. 122 Fax 785-820-8433 www.rollinghillswildlife.com

Organization / Name of event \_\_\_\_\_

Event day and date \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Credit card type (circle one):    Mastercard    Visa    Discover    American Express

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CV# (last 3 digits in signature strip) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

I authorize use of the above credit card for the following charge(s):

Deposit \$ \_\_\_\_\_

Full amount \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

*I have fully read and understand what the provided credit card will be used for, and agree to abide by all policies and requirements. By signing below, I confirm that I have purchasing authority with the credit card stated above, and I agree to be responsible for payment of incurred charges.*

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

RHWA representative \_\_\_\_\_ Date \_\_\_\_\_