



CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize MHI to make a one time charge to your credit card listed below. Email to: dwhite@mhi.org or fax to 704-676-1199

By signing this form you give MHI permission to charge your account for the amount indicated plus an additional non-refundable 3% processing fee. This permission is for a single transaction only, and does not provide authorization for any additional charges to your account.

DATE _____ **COMPANY NAME** _____

INVOICE AMOUNT _____ **INVOICE #** _____

CARDHOLDER NAME (print) _____

BILLING ADDRESS: _____
(of Credit Card Statement) _____

- | | |
|---|--|
| <input type="radio"/> Mastercard | Card No: _____ |
| <input type="radio"/> Visa | Exp date: _____ |
| <input type="radio"/> AMEX | * CV V: _____
(Card Verification Value – printed value on back of card)
* Mastercard & Visa and on front of AMEX |

Email Receipt To: _____

Cardholder's Signature

I authorize the above named business to charge the credit car 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 plus any fees, 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.