



2022 CREDIT CARD AUTHORIZATION FORM

****Do not submit this form without an accompanying order form(s)****

Submit by email to KCrocker@acha.org, fax to (410) 859-1510.

Please Invoice Charge credit card

Company Name _____

Cardholder's Name _____

Card Billing Address _____

City, State, ZIP _____

Billing Email (for receipt) _____ Phone _____

Subtotal from enclosed Sponsorship Agreement: \$ _____

Subtotal from enclosed Ad Insertion Order: \$ _____

Subtotal from enclosed Product Theater Order: \$ _____

Total to be charged: \$ _____

Check one:

Visa Master Card American Express

Card Number _____ Exp _____ Security Code _____

Cardholder's Signature _____