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**2025 CREDIT CARD AUTHORIZATION FORM**

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

Submit by email to exhibits@acha.org.

**\_\_\_** Please Invoice \_\_\_ Charge credit card

Company Name

Billing/Cardholder’s Name

Billing/Card Address

 City, State, ZIP

Billing Email (for receipt) Phone

Subtotal from enclosed Sponsorship Order Form: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal from enclosed Industry Presentation Application: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total to be charged: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check one:

\_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_\_\_\_\_\_Security Code \_\_\_\_\_\_

Cardholder’s Signature