

Great Lakes Athletic Trainers Association

Credit Card Authorization

Company Name: _____

Name of Credit Card Holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Type of Credit Card: VISA: _____ Master Card: _____

Discover _____ American Express _____

Card Number: _____

Expiration Date: _____ (mm/yy)

Authorization Code: _____ (3 digit code on back of card)

Amount: _____ Expiration Date: _____

I authorize the Great Lakes Athletic Trainers Association to charge the amount above to my credit card.

SIGNATURE OF CREDIT CARD HOLDER: _____

(Typing name on signature line will work for authorization)

Date: _____

You will receive a confirmation by E-mail.