

## Credit Card Authorization Form

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	Security Code: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	
Email Address: _____	
Transaction Information	
Memo: _____	
Amount Charged: \$ _____	

I, \_\_\_\_\_, authorize the **Alabama Institute for Deaf and Blind (AIDB)** to charge my card above for agreed upon transaction. I understand that my information **WILL NOT** be saved to file for future transactions.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date