

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