



## Credit Card Authorization Form

Sign and complete this form to authorize MHI to make a one-time charge to your credit card listed below. Email to [dwhite@mhi.org](mailto:dwhite@mhi.org) or fax to 704-676-1199.

By signing this form, you give MHI permission to charge your account for the amount indicated plus an additional non-refundable 3% processing fee. This permission is for a single transaction only, and does not provide authorization for any additional charges to your account.

Date \_\_\_\_\_ Company Name \_\_\_\_\_

Amount \_\_\_\_\_ Invoice # \_\_\_\_\_

Event \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_

Billing Address (credit card) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mastercard

Card No. \_\_\_\_\_

Visa

Exp. Date \_\_\_\_\_

AMEX

CVV\* \_\_\_\_\_

\*Card Verification Value: printed value on  
back of card - Mastercard & Visa  
front of card - AMEX

Email Receipt To \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

I authorize MHI to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated plus any fees, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.