



Credit Card Authorization Form

Date: _____

Name: _____

Company and/or Institution: _____

E-mail: _____

Purpose of Purchase [Please check the appropriate box]

_____ Membership

_____ Meeting Registration

_____ Sponsorship

_____ Expo Booth and/or Sponsorship

_____ Other: _____

Credit card Information ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Name of the Card Holder: _____

Billing address: _____

City: _____ State: _____

Billing Zip code: _____

Signature: _____

Amount to Charge: _____

[A \$3 Credit Card convenience fee will be added to all transactions. Please note: Credit card transactions cannot be made without the CVV security code.]

Mail credit card payment form to:

AAGC

P. O. Box 7515

Columbia, SC 29202/Office: (803) 252-5032 / Fax: (803) 252-0589

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