

RIHCA Credit Card Authorization Form

****All information is confidential****

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Email Address: _____
(for receipt)

Phone number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Amount to Charge \$ _____

Name of Event: _____