

## Cabrillo Chorus Credit Card Authorization

Date \_\_\_\_\_

Participant name \_\_\_\_\_ Amount \$ \_\_\_\_\_

*Please enter the net amount you want credited, to which ACFEA will add 3%. For example, if you would like \$1,000 credited, please enter \$1,000; ACFEA will charge your card \$1,030.*

### Credit Card Information

*Please print or type*

American Express   
Discover Card   
MasterCard   
Visa

Card Number / Expiration Date:

\_\_\_\_\_ / \_\_\_\_\_

Card Security Code: \_\_\_\_\_ (3-4 digit code often found on back of card)

Name as it appears on card:

\_\_\_\_\_

Daytime Phone Number:

\_\_\_\_\_

Credit Card Billing Address:

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

*I authorize ACFEA Tour Consultants, Inc. to charge my credit card as indicated above.*

Cardholder's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_