

Brunswick Area Chamber of Commerce
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing simply complete the Credit card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. After twelve continuous months of membership, you may cancel this automatic billing authorization at any time by contacting us in writing (30) days in advance of your cancellation for the next year's billing.

Customer Information:

Customer Name: _____

Phone: _____

Payment Information:

I authorize the Brunswick Area Chamber of Commerce to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Monthly

Start billing on: ____/____/____

End billing when: ____/____/____

Credit Card Information:

The Brunswick Area Chamber of Commerce accepts the following credit cards: **Visa, Master Card and Discover**

Credit card type: _____

Expires: ____/____

Credit Card number: _____

Cardholder's name: _____
(as shown on credit card)

Cardholder's zip code: _____
(from credit card billing address)

Customer's signature: _____

Date: ____/____/____