



Credit Card Authorization Form

Director _____

Program Trio (TS UB EOC VUB UBMS SSS McNair) Gear-up
 Boys and Girls Club of America I Have a Dream Foundation For Tracking Clients
 For Tracking Pre-College Students For Tracking College Students Other _____

University/Organization/Company _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email Address: _____

Mailing Address (If different from the Billing Address)

Name: _____

Address: _____

City _____ State _____ Zip _____

Name (as it appears on the Credit Card) _____

Credit Card Type (Master Card, Visa, or American Express) _____

Credit Card Number _____

Expiration Date _____

Signature of Card Holder _____

I authorize COMPANSOL to charge my credit card for the amount of _____

Comments

