



## Credit Card Authorization Form

(Please fill in the form below and return it to us)

By signing this form, I authorize VFW to debit my account for \$\_\_\_\_\_ (USD).

Payment reference: \_\_\_\_\_

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	Other: _____
Cardholder Name	_____				
Card Number	_____				
Expiration Date (MM/YY)	_____				
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____				
Billing Address:	_____ _____				

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the VFW Department of California to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.

All credit card transactions will have a 3% service fee added

## DEPARTMENT OF CALIFORNIA – POW/MIA RECOGNITION EVENT

**Please check Sponsorship requested.**

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☐ \$50 PLACEMAT SPONSOR