

WA DeMolay CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize Washington State DeMolay to charge my credit card.
(NAME)

For services rendered.

Not to exceed the amount shown.

Event: _____

AMOUNT \$ _____ USD. Attendee(s): _____

CREDIT CARD TYPE MC VISA DISCOVER _____

CREDIT CARD # Please call with info _____

CARD CV2 # Please call with info _____

EXPIRATION DATE Please call with info _____

Chapter or Organization Associated with: _____

Phone # can be reached at _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(Print as it appears on card)

(SIGNATURE)

DATE _____

MAIL TO:

WA DeMolay Convention 2011
16036 11th Ave SW
Burien, WA 98166
(206) 248-5368 (Chuck)
(206) 795-3826 (Tess)

CC service fee of \$2.50 per \$100 will be accessed at time of transaction.

Receipt will be mailed to billing address.

After the transaction has been completed, we will notify the chapter contact person that the registration has been paid.

The person to call is Chuck Kent at 206-248-5368; after 6 pm on weeknights; between 9 am and 9 pm on weekends; leave a message for him to call you back if you get his voice mail; DO NOT LEAVE YOUR CREDIT CARD INFORMATION ON HIS VOICEMAIL.

DO NOT WRITE BELOW. COMPANY USE ONLY

Notes: _____
