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## 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** \_\_\_\_\_ **CV2#** \_\_\_\_\_

**Invoice #** \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_

I authorize COMPANSOL to charge my credit card for the amount of \$ \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_