



# EVENT CREDIT CARD AUTHORIZATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Best Phone # to Reach in Case of Any Questions: \_\_\_\_\_

Invoice #(s) \_\_\_\_\_ from your online registration for this event.

**This form does not register you for the event. Please register online at [www.shrmtularekings.org](http://www.shrmtularekings.org)**

## Please indicate method of payment:

Charge My:  VISA  MasterCard  American Express

I authorize SHRM of Tulare/Kings County to charge my credit card for the amount listed.

Email address for receipt \_\_\_\_\_


Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

**CVC Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Name As It Appears On Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

Card Holder Daytime Phone # \_\_\_\_\_   
(Include area code)

**TOTAL AMOUNT AUTHORIZED FOR THIS ONE  
TIME TRANSACTION \$ \_\_\_\_\_**

**FAX THIS FORM TO: 559-697-4442**

**ATTN: SHRM Treasurer**

We will process your payment and update our records. You will receive your receipt by e-mail.

**Please register for the event at**

**[www.shrmtularekings.org](http://www.shrmtularekings.org)**

We will process your conference registration payment and update our records. ***Please note the fax number is a secured line.***