



COMPANY NAME:		
CARDHOLDER NAME (AS IT APPEARS ON CARD):		
MAILING ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:

CHECK CARD TYPE

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
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CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXP. DATE: _____ **CVV/CVC CODE:** _____ **AMOUNT: \$** _____

MEMO: _____

AUTHORIZATION

- ONE TIME AUTHORIZATION
- AUTHORIZED TO KEEP ON FILE

I acknowledge and authorize GUAM CHAMBER OF COMMERCE to charge the above credit card account. I agree to update any information regarding this credit card account. The above information is complete and correct.

CARDHOLDER SIGNATURE

DATE