



Arizona State Society of Medical Assistants

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize the Arizona State Society of Medical Assistants to charge my:

(). American Express

(). Visa

(). MasterCard

(). Discover

(). Diner's Club

(). Other _____

Account Number _____ CNC _____ Exp: _____

Name on card _____

For charges incurred by me. _____

I agree to pay for: South West Regional Conference

Card Member Signature: _____ Date _____

(The person signing this form must be the same as the name on the credit card. We must have a legible copy of both the front and back of the credit card along with this authorization).

Thank you for your business!

Arizona State Society of Medical Assistants