



Item/Service to be Charged: \_\_\_\_\_ Amount Due to Chamber: \_\_\_\_\_

**Credit Card Information** (if you prefer, you may phone this information in to the Chamber of Commerce office)

Card Type (circle one): MasterCard, Visa, American Express, Discover CSC (Card Security Code): \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Billing Information**

First Name on Card: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Card Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Cardholder Email: \_\_\_\_\_

**Charges to be Billed to Credit Card \$** \_\_\_\_\_

**Authorization**

I (we) authorize the Grove City Area Chamber of Commerce to make the above charges. I (we) understand that all information entered on this form will be kept strictly confidential by the Grove City Area Chamber of Commerce. In the event any unauthorized charges made on the above credit card, I hereby agree to indemnify and hold blameless the Grove City Area Chamber of Commerce for any and all such charges, claims and liability related hereto. This authorization will remain in effect for the payment/ payments listed above, or, until I (we) give written notice to terminate or revise it.

Signature: \_\_\_\_\_ Position Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Grove City Area Chamber of Commerce, 119 South Broad Street, Grove City, PA 16127  
Phone: 724-458-6410 Fax: 724-458-6841*