

CREDIT CARD AUTHORIZATION



Name on Credit Card: _____

Credit Card Billing Address: _____

STREET

CITY

STATE

ZIP CODE

Card #: _____

Expiration Date: _____

Authorized Amount to be Charge: _____

Email address to send receipt to: _____

PLEASE NOTE: All credit card information is shredded after cards are processed. GRPA does not keep any credit card information on file. This is in compliance with Payment Card Industry Data Security Standards. (PCI DSS)