



Southern Association of Colleges and Employers
PO Box 4141 – Frankfort, KY 40604-4141
Phone 502-223-7223 Fax: 502-223-8223 Email office@soace.org

Credit Card Authorization Form
This form can be completed in Adobe Acrobat Reader
Print and sign, then fax or mail to SoACE

Taxpayer ID: 74-1686904

The Southern Association of Colleges and Employers is authorized, by my signature below, to charge my credit card in the amount indicated

Date Authorized _____ Amount Authorized _____

Member Name _____

Organization _____

Email Address: _____

Telephone: _____ Fax: _____

Please charge my credit card: Visa/MasterCard AmericanExpress

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

Cardholder Name (please print): _____

Card Billing Address: _____ (Street/PO)

City/State/Zip _____