



**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***

***Please print this form, complete and 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 AmEx \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Security Code \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ (Street/PO)

City/State/Zip \_\_\_\_\_