

Midwest Clogging Connection LLC
Walworth County Cloggers
CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ authorize Midwest Clogging Connection LLC to charge my credit card
(NAME) (COMPANY)
for services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ USD

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE