



Credit Card Billing Authorization Form

Credit Card Billing Information 6/15

| | | | |
|--|-----------------|------------------|----------|
| Cardholder Name (as appears on card): | | | |
| Contact (if different from card holder): | | | |
| Company Name: | | | |
| Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express | | | |
| Credit Card Account Number: | | Expiration Date: | |
| | | CSC Code: | |
| Billing Address: | | | |
| City: | State/Province: | Zip/Postal Code: | Country: |
| Email Address: | Phone No: | Fax No: | |

Please select from the following payment options

| | |
|--|-----------------|
| Chapter Event | |
| <input type="checkbox"/> Vendor Show | Chapter _____ |
| <input type="checkbox"/> Golf Tournament | Contact _____ |
| <input type="checkbox"/> Meeting Fees | Email _____ |
| <input type="checkbox"/> Other, specify: _____ | Phone No. _____ |
| Amount \$ _____ | |

| | | |
|---|---|---|
| SCTE Event | SCTE Membership | Standards Membership |
| <input type="checkbox"/> Cable-Tec Expo | <input type="checkbox"/> SCTE Individual Membership | <input type="checkbox"/> Bill in 1 Annual Payment |
| <input type="checkbox"/> 3% Merchant Processing Fee | | <input type="checkbox"/> Bill in 4 Quarterly Payments |
| <input type="checkbox"/> Canadian Summit | <input type="checkbox"/> SCTE Expo Partner Membership | Organization No. _____ |
| <input type="checkbox"/> Vendor Support | | Amount \$ _____ |
| <input type="checkbox"/> Other, specify: _____ | | |
| Invoice No. _____ | Amount \$ _____ | |
| Amount \$ _____ | | |

Total Amount Authorized for Payment \$ _____

Authorization Agreement Disclosure:
Individual agrees that all the information provided is accurate and complete. Individual also acknowledges that all open invoices owed to SCTE, Inc. may require a secondary form of payment if this credit card transaction is declined by the authorized issuing bank or charge backs are claimed against this transaction.

Cardholder Signature: _____ Date: _____

PLEASE FAX TO DAVE COLLETTS @ 412-492-8513