PAYMENT AUTHORIZATION FORM

Please complete the information requested below to authorize payment by the Tampa Latin Chamber.

FAX TO: (813) 902-6789

MAIL TO: TAMPA LATIN CHAMBER 5225 Ehrlich Road Suite F, Tampa, FL 33624

Company & Individual Name Registered for Chamber Membership

_____

Mailing Address _____

Telephone _____ Fax _____

Contact Person _____ Position _____

Email Address _____

Please select method of payment and reason for payment authorization:

☐ **Payment for membership dues for the year = $175/per person _____ # of Memberships requested per company**

[If there are multiple memberships being requested, please indicate the number of memberships and the names & contact info for each person. If necessary, please attach a separate sheet with these details.]

☐ **Payment for a Chamber event on _____ date only and names of people attending the event.**

[If there are multiple people planning to attend the event, please indicate the number of attendees and the names & contact info for each person. If necessary, please attach a separate sheet with these details.]

☐ **CHECK -** If paying by check, indicate the Check # and amount enclosed: _____

☐ Please check this box if you would like to keep this form on file to authorize future charges (upon confirmation) related to Chamber events

CREDIT CARD TYPE: ☐ DISCOVER ☐ MASTER CARD ☐ VISA

Please print clearly the following information requested below.

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Official Credit Card Name: _____

Credit Card Customer Service Phone Number: (_____)_____

ACCOUNT NUMBER																	EXP. DATE				

AUTHORIZED SIGNATURE REQUIRED_____

TO BE USED BY *TLC* TREASURER ONLY

Total Amount: _____ **Date Payment Processed:** _____