



Credit Card Authorization Form

VISA

(circle card)

MasterCard

Name as it appears on Credit Card:

Total Amount Charged : \$_____.

Card Number:

_____ - _____ - _____ - _____

Expiration Date: _____.

Card Code: _____ (if available)

Signature: _____

I _____ Authorize
Puyallup Valley Harmonizers to charge my Charge account the amount
shown above. This is a ONE Time Charge only.

Information at : www.PuyallupValleyHarmonizers.org 1-866-746-4868