



VPCMA Credit Card Authorization

Date: _____ Type of Card: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Verification Code: _____

Billing Address: _____

Email: _____

Phone: _____

Amount Authorized to Transact: \$ _____ + \$5 transaction fee = _____

Event or Product Purchased: _____

Signature of Cardholder: _____