



**Credit Card Authorization**

(Please type or print clearly)

Contact Name:	
Reason for charge:	
Credit card type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card number:	
Expiration date (mm/yy):	
Name of cardholder:	
Cardholder billing address:	
Total amount to be charged:	
Contact phone number:	
Contact email address:	
Signature of cardholder:	Date:

The signing of this document by the cardholder authorizes the use of the credit card shown above as payment for charges relating to the functions or events outlined above.

**PLEASE RETURN COMPLETED FORM TO:**

Linda Burk  
 The Spaulding Group, Inc.  
 Phone: 732-873-5700  
 Fax: 732 873-3997  
 Email: [lburk@spauldinggrp.com](mailto:lburk@spauldinggrp.com)