



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:

Admin Team

The Spaulding Group, Inc.

Phone: 732-873-5700

Fax: 732 873-3997

Email: adminteam@tsgperformance.com