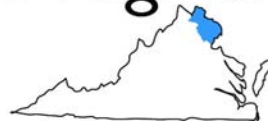




Northern Virginia
Section 0511



CREDIT CARD AUTHORIZATION FORM

Visa ___ / MasterCard ___ / American Express ___ / Discover ___

Name on card: _____

Billing Address: _____

Tel Number: _____

Email Address: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

I hereby authorize Northern Virginia ASQ Section 0511 to charge the above card for the amount of \$ _____

Purpose:

___ Dinner Meeting ___ Event ___ Training ___ Course Materials ___ Other

Please provide any additional comments:

Cardholder signature: _____

After completion, please email or fax this form back to Northern Virginia ASQ Section 0511 as indicated below. We will not release any document ordered until we have received this credit card authorization.

Receipt:

Date Processed: _____ Signature: _____ Position: _____

Northern Virginia ASQ Section 0511
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Fax: 509.275.6949
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