

Credit/Charge Card Release Form

I authorize Midwest Trauma Society to charge my credit account identified below, for registration to the annual conference.

CARDHOLDER NAME: _____

(Circle one) VISA MASTERCARD Other _____

CREDIT/CHARGE CARD NUMBER: _____

EXPIRATION DATE: _____

The total amount of charges based on the services I have specified.

AMOUNT: \$ _____

TOTAL CHARGE AMOUNT \$ _____

CARDHOLDER'S INITIALS

I hereby authorize Midwest Trauma Society to charge my credit/charge account the amount indicated above.

CUSTOMER/CARDHOLDER: _____

Address (where credit card bills are sent): _____

City/State: _____ Zip Code: _____

Phone: _____

Cardholder's Signature

AUTHORIZATION #

Date

ADDITIONAL CHARGES AT DESTINATION ARE COD TO CUSTOMER, NORMAL COLLECTION PROCEDURES APPLIES

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NOTICE TO CREDIT CARDHOLDER: BEFORE SIGNING CARDHOLDER AGREES THAT HIS/HER SIGNATURE ON THIS FORM CONSTITUTES SIGNATRE ON FILE AND IS AN AGREEMENT TO PAY ALL CHARGES CHECKED AND INITIALED. ALL SUCH ITEMS WILL BE CHARGED TO THE CREDIT/CHARGE CARD ACCOUNT NUMBER PROVIDED AND SHOWN ABOVE, AND IT IS UNDERSTOOD THAT THE AMOUNT CHARGED TO THE PROVIDED CREDIT/CHARGE CARD MAY BE REFLECTED ON THE CARDHOLDER'S ACCOUNT BALANCE PRIOR TO CONFERENCE DATE: CARDHOLDER ALSO HEREBY AGREES TO PAY FOR ALL CHARGES.

Fax to Trauma Services: Attn: Lori Davis, Trauma Program Manager 816-346-7219