



Credit Card Authorization Form

PLEASE PRINT AND COMPLETE FORM AND RETURN TO ADDRESS BELOW.
All Information Remains Confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits on back of card): _____

Amount to Charge: _____

I, _____, do hereby authorize Dana B. Wooten, JCAR AE, to charge the amount listed above to credit card Provided herein.

Ms. Wooten is authorized to charge the above amount on the _____ Of every month through December 31, 2011, at which time the balance of the entire dues amount will be charged.

Signed: _____ Date: _____

Please return to: JCAR
PO Box 1334
Smithfield, NC 27577