

CREDIT CARD AUTHORIZATION

Print and complete this authorization and return to our accountant, **Anne Zavis** — azavis@chicagonorthwest.com.

All information will remain confidential.

Name on card: _____

Billing address: _____

City, State Zip _____

Credit card type: Visa MasterCard Discover Amex

Credit Card #: _____

Expiration Date: _____

3-digit security code: _____

Amount to charge: _____

Invoice #:
(if applicable) _____

I authorize **Meet Chicago Northwest** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to:

Meet Chicago Northwest
Attn: Anne Zavis, Accountant
1375 E. Woodfield Rd., Suite 120
Schaumburg, IL 60173
t: 847.490.1010
azavis@chicagonorthwest.com

