

Oregon Fire Service Office Administrators

Credit Card Payment Authorization

By providing credit card information below, I (we) authorize the Oregon Fire Service Office Administrators to debit this account for charges as identified below.

Name _____

(as it appears on card)

Type of Card VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____

Expiration Date ____/____/____

Security Code _____

3 digits from Back of card.
For AmEx, 4 digits from Front of card.

Authorized Amount \$ _____

Reason for Charge: Event Registration Fees Dues Other _____

Credit Card Billing Address:

Street _____

City _____ **State** ____ **Zip** _____

Telephone () _____ - _____

Cardholder Signature _____

Date ____/____/____

Email Address for Receipt:
