



CREDIT CARD CHARGE FORM

DATE: _____

ORGANIZATION NAME: _____

CARDHOLDER'S NAME: _____

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

CSV/CID CODE: _____

CARDHOLDER'S ADDRESS: _____

CITY & STATE: _____

AMOUNT CHARGED: _____

CARDHOLDER'S SIGNATURE: _____

INVOICE #: _____

Approval Code (AADGP Use Only)

PLEASE RETURN FORM VIA FAX: 602-381-1093

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