



Phi Beta Sigma Fraternity, Inc.
Corporate Headquarters

Credit Card Authorization Form

Authorization Agreement

I hereby authorize Phi Beta Sigma Fraternity to charge my credit card in the amount of \$_____.

Further, I am aware that I will receive a copy of the charge receipt which will serve as my record for the transaction. Phi Beta Sigma Fraternity, Inc. ensures security and confidentiality with any and all financial information supplied by me or by my financial institution regarding this authorization.

Cardholder Information

Cardholder Name: _____

Credit Card Number: _____

Card Type: Visa Mastercard AMEX Discover (Please Circle One)

Expiration Date: _____ Card Security Code: _____

Authorized Amount: \$ _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Complete and fax completed forms to: (202) 882-1681