St. Christopher Hellenic Orthodox Church

313 Dividend Drive · Suite 210 · Peachtree City, Georgia 30269
(770) 487-0078 · Fax: (770) 487-6903

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX to (770) 487-6903.

Business Name: _____

Cardholder Name: _____

Signature: _____

Billing Address: _____

_____

Credit Card Type:

_____ VISA _____ MASTERCARD_____ DISCOVER_____ AMERICAN EXPRESS

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card Identification Number: _____

Amount Charged: $ _____ (USD)

I, _____, authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction.

Sign: _____ Date: _____