



**Credit Card Authorization**

(Please type or print clearly)

|                             |   |
|-----------------------------|---|
| Contact Name:               |   |
| Reason for charge:          |   |
| Credit card type:           | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express |
| Card number:                |   |
| Expiration date (mm/yy):    |   |
| Name of cardholder:         |   |
| Cardholder billing address: |   |
|                             |   |
|                             |   |
| Total amount to be charged: |   |
| Contact phone number:       |   |
| Contact email address:      |   |
| Signature of cardholder:    | Date:   |

The signing of this document by the cardholder authorizes the use of the credit card shown above as payment for charges relating to the functions or events outlined above.

**PLEASE RETURN COMPLETED FORM TO:**

Linda Burk  
 The Spaulding Group, Inc.  
 Phone: 732-873-5700  
 Fax: 732 873-3997  
 Email: [lburk@spauldinggrp.com](mailto:lburk@spauldinggrp.com)