



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize American College of Foot and Ankle Surgeons to make a one-time debit to your credit card listed below. Return to Maggie Hjelm via Fax: 800.382.8270 or email: hjelm@acfas.org.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize American College of Foot and Ankle Surgeons to
(full name)

charge my credit card account indicated below for _____ on or after _____.
(amount) (date)

This payment is for _____
(description of goods/services)

Company Name (if applicable) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

I understand there will be an additional 3% fee for Exhibitor Services.

Account Type:	Visa	MasterCard	AMEX
Cardholder Name	_____		
Account Number	_____		
Expiration Date	_____	Security Code	_____ (Amex: 4 front, MCV: 3 back)

SIGNATURE _____ DATE _____
Electronic Signature Accepted – Check Here to Confirm

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.