



American College of Foot and Ankle Surgeons®

Proven leaders. Lifelong learners. Changing lives.

8725 West Higgins Road, Suite 555
Chicago, IL 60631



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.