

Alabama Dental Association

836 Washington Street
Montgomery, AL
334-265-1684

Credit Card Payment Authorization Form

Ski & Learn 2021

I _____ authorize Alabama Dental Association
(full name)
to charge my credit card account indicated below for _____ on or after
(amount)
_____. This payment is for _____.
(date) (Registration of 2021 Ski & Learn)

Account Type: Visa MasterCard AMEX

Cardholder Name: _____

Business Name: _____

Account Number: _____

Expiration Date: _____ Amount: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

SIGNATURE _____ DATE _____

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 all registration charges and fees for attendees of the above described Continuing Education Event produced by the Alabama Dental Association. 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.