



Credit Card Agreement

Fax to 404-378-3397

100 Crescent Center Boulevard,
Suite 680, Tucker, GA 30084
Telephone * 404-378-8000

PLEASE NOTE: By completing this form, you authorize the DeKalb Chamber to charge your account accordingly. Refunds will not be honored unless we receive a written note of cancellation 3 business days prior to the event. Payments received will not be refunded otherwise and can not be transferred to an upcoming event.

Charge Account Type:

American Express MC/Visa Discover

Your Account Number:

3 - digit code here

If you are using a **Discover card**, the **3-digit code** on the back of your card is required.

Expiration Date: MM/YY

/

Zip Code (Billing Address of Card)

-

Billing Address: _____

**** Provide the CARD HOLDERS billing address ABOVE:**

Name as it appears on the Card: (Please Print Name)

Enter the name of person(s) attending the event

Charge Amount: \$ _____

Today's Date: _____

DeKalb Chamber Membership First Monday Lunch Series DCOC Workshop Other

The reason for this Charge is _____
(If this charge is for a specific event, please fill in the complete details of the event such as title and date.)

FOR FIRST MONDAY LUNCH ONLY: Vegetarian Plate: Other (Kosher / Vegan) _____

Customer Authorizes the DeKalb Chamber to charge the above listed account for all fees incurred by Customer.

Authorizing Signature: _____ Email: _____

Name: _____ Title: _____
(Please Print Authorized Signature Here)

Company Name: _____ DeKalb Chamber Member: Yes: No:

Phone #: _____ Fax: _____

Any questions please call the DeKalb Chamber at (404) 378-8000 or call Kim Davis-Mitchell at ext. 223.

THIS SECTION TO BE COMPLETED BY THE DEKALB CHAMBER OF COMMERCE.
Form Completed By: _____ Dept: _____ EXT: _____