



Graphic Artists Guild, Inc  
31 West 34th Street, 8th Floor  
New York, NY 10001  
212-791-3400 (Tel)

## CREDIT CARD AUTHORIZATION

NAME	MEMBER #	COMPANY NAME	
CARDHOLDER NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
Payment: \$ _____ date for card to be charged _____			
Service(s): Advisory Letter _____ Membership _____ Guild Hand book _____ Guild Pin _____			

### ACCOUNT INFORMATION

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

### SIGNATURE

I understand this transaction is NON-reversible. I authorize and acknowledge all of the aforementioned charges and any additional authorized charges will be posted to my credit card in the form of an advance for full payment for the service(s) designated above. I acknowledge that any cancellation fees, penalties or minimum requirements agreed to in our signed contract may also be charged to my credit card.

SIGNATURE \_\_\_\_\_ DATE : \_\_\_\_\_

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