

2248 Broadway #1341 New York, NY 10024 212.791.3400

## **CREDIT CARD AUTHORIZATION**

NAME	MEMBER #		COMPANY NAME
CARDHOLDER NAME			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
Payment: \$	Date for card to be cha	arged	
Service(s): Advisory Letter	Membership		Guild Handbook
Guild Pin Other			
	ACCOUNT INFORM	1ATION	
CREDIT CARD NUMBER:			
EXPIRATION DATE	SECU	JRITY CODE: _	
	SIGNATURE		
I understand this transaction is NON-re additional authorized charges will be p designated above. I acknowledge that contract may also be charged to my cr	osted to my credit card in the form any cancellation fees, penalties of	m of an advance fo	r full payment for the service(s)
SIGNATURE		DATE _	
The information contained in this e-ma person to whom it is addressed. If you notify the sender and delete all copies	have received this in error or are		