



GFRCC  
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## SOUTHERN VERMONT FLANNEL FESTIVAL

### Credit Card Authorization Form

Please complete all fields

Card Type:  MasterCard  VISA  Discover  AMEX

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ cvv \_\_\_\_\_

Cardholder billing ZIP Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize Great Falls Regional Chamber of Commerce to charge my credit card for the agreed upon amount on enclosed contract.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_