



WRITERS  
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EAST

## Credit Card Authorization Form

Date			
Amount Authorized	\$		
Type of Card (select one)	Visa	MasterCard	AmEx
Account Number			
Signature			
Security Code from your Card		Expiration Date (mm/yy)	
<b>Billing Information</b>			
Approved By			
Full Name (Enter your name as it appears on the credit card)			
Billing Address (Enter the address as it appears on the credit card)			
City, State, and ZIP Code			
E-mail Address			
Billing Contact's Phone Number			

You will receive a receipt for your purchase via email once your credit card information has been processed.