



CREDIT CARD AUTHORIZATION FORM

CC Authorization Form email to info@kotmfs.org or fax to: (877) 895-9695
(470) 222-3410 (office)

I, _____ authorize Kids On the Move for Success, Inc., to charge my:

AMEX / DISCOVER / MASTER CARD / VISA (circle one)

CC # _____ Exp. _____ / _____,

3-digit code (from back of card) _____, Amount to be charged \$ _____

For: _____ Kids On the Move for Success Community Summit

Billing Information of Credit Card Holder:

Name: _____ Phone: _____

Address: _____

City / State / Zip: _____

E-Mail: _____ Cell: _____

Drivers License Number: _____ Exp.: _____

By Signing below, I Acknowledge described hereon payment in full to be made when billed in extended payments in accordance with standard policy of company issuing card. I authorize receipt of ticket(s), coupon(s), and/or travel package(s) for related charges described hereon, and I am aware of applicable restrictions and/or penalties as shown on such Ticket(s), coupon(s), and/or travel package(s).

C/C Holder Signature: _____

Print Name: _____

Comments: PLEASE PHOTO COPY BOTH THE FRONT AND BACK OF THE CREDIT CARD TO BE CHARGED AND A COPY OF CREDIT CARDHOLDERS DRIVERS LICENSE AND RETURN WITH THIS FORM.

Ticket(s) are not transferable. No cash refunds