

Credit Card Authorization Form for Entrepreneur Incubator

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____

MONTHLY CHARGE AGREEMENT

I understand that this authorization is to be used solely by TCIA for the purpose of the monthly Entrepreneur Incubator \$139 donation only and will remain completely confidential. This donation will be ran on the second of every month following the initial membership donation which will be prorated according to my start date. I also understand that this donation will continue until one month after I request to stop my monthly donations, or I graduate the entrepreneur incubator program and in order to end my monthly donation I must submit the cancellation form to the Executive Director.

Printed Name

Signature

Date