

# CREDIT CARD PURCHASE FORM

Company Name

Name As Shown On Cr. Card

Billing Address For Cr. Card

#	Street Name	Suite #
City	State	Zip

Credit Card Type/Number

Visa / MC	Credit Card Number
Exp. Date	CVV Number (last 3 on back)

I hereby authorize **PAR\*** to charge this credit/debit card one time for this purpose only.

I hereby authorize monthly debits from the above credit/debit card account for the purpose of paying my monthly **PAR\*** fees. I understand that I am responsible for notifying **PAR** of any changes to my credit/debit card information

I hereby authorize yearly debits from the above credit/debit card account for the purpose of paying my **Annual Membership dues\***. I understand that I am responsible for notifying **PAR** of any changes of any changes to my credit/debit card information

- Monthly **PAR** fees are deducted on or around the 15<sup>th</sup> of each month.
- Yearly dues are deducted on or around December 15<sup>th</sup>.

Item to Pay		Amount to Pay	
Item to Pay		Amount to Pay	
Item to Pay		Amount to Pay	
Item to Pay		Amount to Pay	
Item to Pay		Amount to Pay	
		Grand Total:	

Email Address

Authorized Signature  Date