

AMERICAN THORACIC SOCIETY
Credit Card Authorization Form

Date: _____

Amount: \$ _____

Company Name: _____

Reason for charge: Booth Space Meeting Suite/Meet Up Suite/Expo Suite

CREDIT CARD INFORMATION

Card Type: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date (MM/YYYY): _____

CSV# _____ (3 or 4 digit security code on the back of the card)

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

Signature: _____

Print Name: _____

Please complete and return to Stacy McManus, CEM, Director, Corporate Alliances & Exhibition
Operations

Fax 212-315-6489 or Email smcmanus@thoracic.org

Finance Dept Use Only

Batch No.:

Vendor ID:

Date: