



CREDIT CARD AUTHORIZATION FORM

All information listed on this form must be completed. Incomplete authorization forms will be returned to the registrant. **Your signature indicates your agreement to pay the fees with the credit card number provided below.**

Please provide the following information:

Customer ID Number: _____

I, _____ hereby authorize the
PRINT NAME

American Urological Association Education and Research, Inc., to charge my credit card.

Visa MasterCard AmEx Discover

Card No.: _____ Expiration Date: _____

Original Signature of Card Owner: _____ Date: _____

Third party authorization for use of Credit Card:

On the date of _____, I _____ hereby certify that the following named authorized user is authorized to charge my credit card on my behalf. The card owner must submit a photo copy of his/her valid photo identification with this form (driver's license, MVA ID card, passport, military ID, or green card/naturalization paper). The authorized user must also present his/her valid photo identification to the American Urological Association Education and Research, Inc. during processing of the credit card.

Card Owner – Original Signature

Authorized Card User – Original Signature

Card Owner – Print Name

Authorized Card User – Print Name

Card Owner – Phone Number

Authorized Card User – Phone Number

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American
Urological
Association

Education & Research, Inc.

Advancing Urology™