



GUAM HOTEL & RESTAURANT ASSOCIATION

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AUTHORIZATION FORM for OFF-LINE CREDIT CARD CHARGES

Date: _____

I hereby authorize GHRA to charge my credit card for _____

(Please describe e.g. dues, seminar, or special event)

Total Amount to be charged \$ _____

CREDIT CARD HOLDER:

Last Name

First Name

MI.

CREDIT CARD TYPE:

VISA

MASTER CARD

CREDIT CARD NUMBER:

EXPIRATION DATE (month/year):

/

TOTAL AMOUNT..... \$, .

REPRESENTATIVE: _____

SIGNATURE: _____

COMPANY: _____

ADDRESS: _____

TEL NO. _____

FAX NO. _____

EMAIL ADDRESS: _____

FOR GHRA USE

Invoice No: _____

Invoice Amount: _____

Approval Code: _____

Date: _____

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