



TWUA Southeast Region

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

I, _____, authorize TWUA SE Region to charge my credit card below for agreed upon purchases in the amount of _____ (plus any applicable credit card fees not to exceed 3.5%). I understand that my information will be destroyed after the transaction takes place to keep my personal information safe.

Customer Signature

Date

Please email entire form to twuaseregion@yahoo.com or mail to ***PO Box 7851, Beaumont, TX 77726***

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Company Name:	_____
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV: _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

For Office Use Only: After Card is charged per request, cut at the dashed line and destroy the bottom portion of this form. The top is to be maintained for record of authorization.