



1122 Lady Street, Suite 840  
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INVOICE ME

CREDIT CARD (FILL OUT FORM BELOW)

## CREDIT CARD AUTHORIZATION FORM

### AUTHORIZATION AGREEMENT

I hereby authorize the South Carolina Telecommunications and Broadband Association (SCTBA) to initiate a credit card payment to the account named below. I further authorize the SCTBA to add the appropriate credit card processing fee of 3% in any Visa, MasterCard or American Express transaction.

### ACCOUNT INFORMATION

Amount

Cardholder Name

Card Number

Exp. Date (MM/YY)

Billing Street

ZIP Code (Only)

Security Code



### SIGNATURE

Authorized Signature

Date