



**2020 Markets One-Time Credit Card Authorization Form**

Please sign and complete this form to authorize the Chincoteague Cultural Alliance (CCA) to make a one-time charge to your credit card listed below. Each credit card transaction requires a new Credit Card Authorization Form completed by you.

**Return this form with the appropriate Payment Form(s):**

- Form A - Second Saturday Artful Flea.....Fee \$ \_\_\_\_\_
- Form B - Chincoteague Island Farmers & Artisans Market.....Fee \$ \_\_\_\_\_
- Form C - Holly Day Market and Wildlife Art Gallery.....Fee \$ \_\_\_\_\_
- Convenience fee for using a credit card.....Fee \$ 1.00

**AMOUNT FOR CREDIT CARD AUTHORIZATION.....TOTAL \$ \_\_\_\_\_**

**Payment Authorization:**

I \_\_\_\_\_ authorize the Chincoteague Cultural Alliance to charge my credit card account for a one-time payment of \$ \_\_\_\_\_.

**BILLING ADDRESS** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

<p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX</p> <p>Cardholder Name: _____</p> <p>Account Number: _____</p> <p>Expiration Date: _____ CVV Code*: _____</p> <p><i>*CVV Code is the 3-digit number on back of Visa, MC and Discover or 4-digit number on AMEX</i></p>
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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I authorize the Chincoteague Cultural Alliance to charge the credit card indicated in this authorization form according to the terms agreed to above only. I certify that I am an authorized user of the credit card and that I will not dispute it with my credit card company, so long as the transaction corresponds to the terms indicated in this form.*

**Questions? Contact CCA Markets Manager by phone or text at 717-495-7155 or email at [marketsmgr@gmail.com](mailto:marketsmgr@gmail.com)**