

CONCH FEST 2014

Key West Rotary Club Foundation
819 Peacock Plaza #118, Key West FL 33040

CREDIT CARD AUTHORIZATION AGREEMENT

Name of Cardholder as it appears on card:

Billing Address of Cardholder: _____

Phone Number: _____

Credit Card Type: _____

Credit Card Number: _____

CID#: _____

Expiration Date: _____

I hereby authorize the Key West Rotary Club Foundation to charge my credit card for the above amount and/or expenses incurred by me or my organization (if applicable) at Conch Fest 2014.

Signature of Cardholder: _____

Date: _____

Please return to the attention of:

**Key West Rotary Club Foundation
819 Peacock Plaza #118
Key West FL 33040**