

## Credit Card Authorization Form

Below you will find our credit card authorization form. Please print this form, complete, and sign. Then fax the completed form to HIMSS Finance at 312-915-9209.

### HIMSS Credit Card Authorization Form

1. Company Name: \_\_\_\_\_

2. Product: \_\_\_\_\_

3. Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

4. Expiration Date: \_\_\_\_\_

5. Cardholder Name: \_\_\_\_\_

6. Cardholder billing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I authorize HIMSS to charge \$ \_\_\_\_\_ USD to the credit card listed above

By checking this box, I am also authorizing HIMSS to charge the credit card listed above for any applicable balance(s) due, on the due date(s) for the above mentioned product, unless I have given HIMSS prior written notice of the cancellation of the contract.

8. Card holder signature (Must be in handwriting)

\_\_\_\_\_

Today's Date: \_\_\_\_\_

The cardholder agrees that HIMSS will bill the subscriber's credit card. Thank you for your cooperation and your business.