



Credit Card Authorization Form

Name on the Card: _____

Name of Business: _____

Type of Card: Visa MC AmEx Discover

Other _____

Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

E-mail Address: _____

Item(s) Purchased Monthly membership dues

Amount to be Charged \$20.00 (\$50.00 Start-up)

By signing this form, you authorize Rogue Valley Networking Council to charge your card for the amount listed above.

Signed: _____ Date: _____

Please remit this form to dlgaccounting@mercysmanna.com or mail check each month to:

RVNC 541.821.4831
111 Elm Street, Medford, Oregon 97501