Credit Card Agreement
Fax to 404-378-3397

Two Decatur Town Center, Suite 235
125 Clairemont Avenue, Decatur, GA 30030
Telephone * 404-378-8000

PLEASE NOTE: By completing this form, you authorize the DeKalb Chamber to charge your account accordingly. Refunds will not be honored unless we receive a written note of cancellation 3 business days prior to the event. Payments received will not be refunded otherwise and can not be transferred to an upcoming event.

Charge Account Type:

☐ **American Express** ☐ **MC/Visa** ☐ **Discover**

Your Account Number: **3 or 4 digit code here**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

All transactions REQUIRE the 3 or 4 digit code on the back of your card.

Expiration Date: MM/YY
☐☐/☐☐

Zip Code (Billing Address of Card)
☐☐☐☐☐-☐☐☐☐

Billing Address: _____

**** Provide the CARD HOLDERS billing address ABOVE:**

Name as it appears on the Card: (Please Print Name)

_____

_____

Above please enter the name of person(s) attending the event

Charge Amount: $_____ **Today's Date:** _____

DeKalb Chamber Membership ☐ **First Monday Lunch Series** ☐ **DCOC Workshop** ☐ **Other** ☐

The reason for this Charge is _____
(If this charge is for a specific event, please fill in the complete details of the event such as title and date.

FOR FIRST MONDAY LUNCH ONLY: Vegetarian Plate: ☐ **Other (Kosher / Vegan)** ☐ _____

Customer Authorizes the DeKalb Chamber to charge the above listed account for all fees incurred by Customer.

Authorizing Signature: _____ **Email:** _____

Name: _____ **Title:** _____
(Please Print Authorized Signature Here)

Company Name: _____ **DeKalb Chamber Member: Yes:** ☐ **No:** ☐

Phone #: _____ **Fax:** _____

Any questions please call the DeKalb Chamber at (404) 378-8000 or call Donna Brunton at ext. 226.

THIS SECTION TO BE COMPLETED BY THE DEKALB CHAMBRE OF COMMERCE.
Form Completed By: _____ **Dept:** _____ **EXT:** _____