

# The Kern Center - Terra State Community College Credit Card Authorization Form

- ☐ Charge this card for any remaining balances the day after the event.
- ☐ Charge this card for any remaining balances thirty-one (31) days after the event.

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-digit security code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

*By signing below I authorize Terra State Community College the use of this card for the option selected at the top of the form and for any unpaid expenses resulting from the above referenced event.*

\_\_\_\_\_  
Card Holder or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager signature

\_\_\_\_\_  
Date