

CREDIT CARD AUTHORIZATION FORM

I, the undersigned, authorize the BLACK WARRIOR COUNCIL, BSA, to charge my MC or VISA in the amount of \$ _____.

For

_____.

Print name as it appears on card

Date of purchase _____

Card Holders Phone # (____) _____ - _____

Credit Card # _____

Expiration Date ____ / ____

Signed _____

All information is required to complete transaction

Return this entire form to the Black Warrior Council, PO Drawer 3088, Tuscaloosa, AL 35403