

TEMPLE KEHILLAT CHAIM

1145 Green Street, Roswell, Georgia 30075
770-641-8630

HIGH HOLIDAYS CREDIT CARD AUTHORIZATION FORM

The Undersigned hereby authorizes Temple Kehillat Chaim (“TKC”) to charge the credit card account listed below. The Undersigned represents and warrants to TKC that the account listed below is owned by the Undersigned. The Undersigned agrees that TKC’s charging of such account will be entitled to the same validity as if the Undersigned personally signed each charge transaction. The Undersigned acknowledges and agrees that any facsimile or photocopy of this document and the Undersigned’s signature shall be treated with the same validity as an original.

Credit Card Type (circle one):

Visa

Mastercard

Discover

American Express

Credit Card Number:

Expiration Date:

_____ Security Code: _____

Amount to be charged:

Reference:

Name on Credit Card:

Address:

Zip Code:

Signature:

Date:

\$_____ **Credit Card Processing Fee - 3% of Total High Holy Day Order Amount**

Mail this completed form to the office or fax it to **770-641-8639**, Attn: Suesan Phillips, Bookkeeper.

PLEASE NOTE: It is Temple policy that there are no refunds.

PLEASE PRINT LEGIBLY!