**San Antonio Emergency Nurses Association**

**Vendor / Exhibitor On-Site Credit Card Payment Authorization**

**Sign and complete this form along with your vendor application to authorize the San Antonio Emergency Nurses Association (SA ENA) to make a one-time debit to your credit card listed below.**

**By signing this form you give the SA ENA permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.**

**Please print all information requested below:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the San Antonio Emergency Nurses Association to charge my credit card account indicated below for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_ on or after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This payment is for registration and attendance at the San Antonio Emergency Nurses Association’s:**

**Event: \_San Antonio ENA ‘Concepts of Emergency and Critical Care Nursing – 2018**

**Date(s): \_\_\_\_\_\_\_\_\_October 25 – 26, 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder Billing Address Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip e-mail address**

**Account type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express**

**Cardholder Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CVV2 (3 digit number on back of Visa/MC, 4 digit number on front of AMEX) \_\_\_\_\_\_**

**I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Signature Date**

**Vendors / Exhibitors should also complete the Vendor Application form and submit it at the same time as the completed Vendor / Exhibitor Credit Card Authorization form.**

[www.sanantonioena.org](http://www.sanantonioena.org)