



# CREDIT CARD PAYMENT AUTHORIZATION FORM

- GSNEO Central/North Office  
One Girl Scout Way  
Macedonia, OH 44056  
330-467-1901 (fax)
- GSNEO Cleveland Office  
4019 Prospect Ave St 240  
Cleveland, OH 44103  
330-467-1901 (fax)
- GSNEO South Office  
1010 Applegrove St NW  
N Canton, OH 44720  
330-499-4475 (fax)
- GSNEO East Office  
980 Warren Ave  
Niles, OH 44446  
330-544-7959 (fax)
- GSNEO West Office  
6111 S Broadway Ave  
Lorain, OH 44053  
440-233-7393 (fax)

## INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize payment for the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Discover  American Express

Name of Card Holder: \_\_\_\_\_

Billing Address: (only if different from above)

\_\_\_\_\_

\_\_\_\_\_

Amount to be charged	Credit Card #	Expiration Date

\*Card Holder's Signature (required) \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: THIS FORM WILL BE SHREDDED AFTER PROCESSING.**