

Connecticut Association of Health Care Facilities, Inc.

111 Founders Plaza, Suite 1002
East Hartford, CT 06108
(860) 290-9424 (860) 290-9478

Credit Card Authorization Form

Please complete the form and fax it to us at (860) 290-9478

Name:

Company/Facility

Address:

City, State, Zip:

Phone:

Email Address:

Billing Address (if different):

Company/Facility

Address:

City, State, Zip:

Phone:

Credit Card Information:

Type of Card:

Credit Card Number:

Expiration Date:

Example: 06/08

3 digit security code (on back)

4 digit security code (American

Express only, on front)

Amount to Charge:

Reason for Charge:

I agree to pay above total amount according to card issuer agreement.

Signature:

Print Name:
