



Credit Card Authorization Form *(for single transaction only)*

Dear Member/Guest,

Please fill out the form below **completely** & email it to FinanceTeam@amcham.com.tw for more proceeding. Thanks for your cooperation.

Finance Team

I hereby authorize AmCham to charge my credit card given the single transaction of _____.

Company Name: _____

Name: _____

Tel: _____ Fax: _____

_____ AMEX _____ Visa _____ Master

Credit Card No: _____

Expiry Date: _____

Cardholder's Name: _____

Signature: _____

Date: _____