

**TAU EPSILON RHO LAW SOCIETY
CREDIT CARD AUTHORIZATION FORM**

NAME

ADDRESS

CITY

STATE

ZIP

PHONE: _____ FAX: _____ EMAIL: _____

CREDIT CARD TYPE: VISA []

M CARD []

DISC []

AMEX []

CREDIT CARD # _____

EXP DATE: _____

CVV # _____

I AUTHORIZE THE FOLLOWING AMOUNT OF CHARGE: \$_____

THE NAME AND ADDRESS AFFILIATED WITH THIS CREDIT CARD IF NOT SET FORTH ABOVE IS:

SIGNATURE

DATE

Please complete and return to Alan M. Tepper, 133 Paisley Place, Hainesport NJ 08036 or to tepesq@verizon.net