



CONFIDENTIAL

Credit Card Order Form

Please have your order form filled out with all of this information to be turned in with the final company orders.

Business Site Coordinator Name: _____

Company Name: _____

(Note: Credit Cards may not be processed until the end of sales on 11/21/2015)



1) Card Holder _____

(name as it appears on card)

2) Billing Address: _____

City: _____ State: _____ Zip Code: _____

3) Phone Number: _____ Cell #: _____

Card Number: _____ - _____ - _____ - _____

Exp. Date: __/__/__ Amount: \$ _____

CVV (3 digit code on back of the card): _____

All above information is required or we cannot process the order. This form will be provided to the American Lung Association in California office and shredded after billing is completed.

(For office use only)

Auth: # _____ Division: 2

GL #: 4135 Project Code #: 8202

ROI# _____