



## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Credit Card Type:                      Visa                      MasterCard                      Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Month: \_\_\_\_\_ Exp. Year: \_\_\_\_\_

CVC: \_\_\_\_\_

By signing this document, I authorize The North Carolina Alcoholic Beverage Control Commission to charge my credit card for the specified amount.

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

Amount charged (\$): \_\_\_\_\_

Signature: \_\_\_\_\_

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