

CREDIT CARD AUTHORIZATION FORM



Kentucky Association of Chiefs of Police
Attn: Julie Philips
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Lexington, KY 40506
Phone: 859.218.2327

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OFFICIAL FORM: Fill in this form completely so that we can process your information accurately.

CONTACT INFORMATION

Date: _____

Name: _____

Email Address: _____

Phone: _____

Fax Number: _____

CREDIT CARD INFORMATION

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Description of Charge: _____ (i.e. Sponsor, Exhibitor, Tickets, etc.)

CARD TYPE: VISA MASTER CARD

Card #: _____ Amount: _____

Exp. Date (MM/YYYY): _____ CVV Code: _____

Cardholder Signature (Required): _____

IMPORTANT NOTES:

- By signing this form, you authorize this transaction.
- Please mail this form to the address above or contact Julie Phillips for additional phone/fax instructions.