

FAX

Attention: Cathy Rypma-Dixon

Fax No. : **(Five Zero Five) Seven 96 – 96 Zero One**

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I, _____,
authorize Synergy Networking to charge my account for
“ _____ ” event
on date _____.

All information below needs to be completed as it appears on the credit card or as
the credit card is billed.

PLEASE PRINT CLEARLY

Name on card: _____

BILLING Address: _____							
City	_____	State	_____	Zip	_____	Phone:	_____
Type of Card							
CIRCLE:	VISA	Mastercard	Discover				
Card Number:	_____						
Expiration: mm/yy	_____	CVV	code:	_____			
Signature	_____					Date	_____