



AMERICAN  
**GUERNSEY**  
ASSOCIATION

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## Credit Card Authorization

(Required only if registering by mail or fax)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bill my credit card # : \_\_\_\_\_

MC \_\_\_\_\_ VISA \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

Address ( if credit card billing address is different from above) \_\_\_\_\_

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

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