

# The Phoenixville Regional Chamber of Commerce

## Client Credit Card Waiver

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

This form states that \_\_\_\_\_ (CLIENT) gives THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE permission to charge products, services, and/or expenses sold by THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE to their credit card.

Products, services, and/or expenses may include but are not limited to: all business related services provided by THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE, as well as services listed on THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE website

located at: [www.phoenixvillechamber.org](http://www.phoenixvillechamber.org).

THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE agrees to use the CLIENT's credit card number for this purpose only, and any other transactions that need take place using the CLIENT's credit card number will be made known to the CLIENT via all available means of communication including but not limited to: phone, e-mail, and fax.

I understand that by signing this form, I am freely consenting to my credit card information being on file with THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE. All CLIENT information is stored securely and is kept in the strictest confidence. It is acknowledged by THE PHOENIXVILLE REGIONAL CHAMBER OF COMMERCE that such information is considered personal, private, and confidential, and prosecution to the fullest extent of the law can be enforced for any misappropriation.

### This Waiver is For:

☐ Invoice #: \_\_\_\_\_

Total Amount to be Paid Today: \_\_\_\_\_

☐ Membership Dues Payment Plan \*

☐ Other: \_\_\_\_\_

*\*Please contact the Chamber Staff directly to determine your payment plan – 610-933-3070 | [info@phoenixvillechamber.org](mailto:info@phoenixvillechamber.org)*

### Credit Card Type:

☐ American Express

☐ Visa

☐ Other: \_\_\_\_\_

☐ Master Card

☐ Discover

\_\_\_\_\_

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

CLIENT Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

\*Credit Card ID Number: \_\_\_\_\_

(\*This number is located on the back of your credit card after your account number.)

### Address Information:

PLEASE NOTE: (The address you provide must be the address that is used in conjunction with billing for your credit card.)

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

CLIENT (Please Print)

Date

\_\_\_\_\_  
CLIENT Signature