

Credit Card Authorization

Authorization to West Texas Chapter AGC, Inc. to process credit card payment for the invoices/services provided. Dues to Associate Members are invoice quarterly or annually as preferred by the customer and annually for Professional Service Members.

Please complete and sign this form.	
West Texas AGC Customer Name:	
Name as shown on credit card:	
Credit Card: MasterCard / VISA / Discover / American	Express
Card # Secur	ity Code #
Expiration Date: Month Year	
Quarterly Amount \$ Annual Amou	nt \$
Acknowledgement: Signature below authorizes, the West Texas Chapter, AGC, for the dues and services on the Membership as stated in the	1 0 0
Signature	Date
Name Printed	

- Annual Dues processed January 1st for membership from January December.
- Quarterly Dues processed the 1st of January, April, July and October.

Please complete and return this form to scotth@wtagc.org