

Connecticut Women's Consortium

Vendor Credit Card Authorization

Email: training@womensconsortium.org

Fax: (203)909-6894

Name of Organization: _____

Purchase Order Number: _____

I authorize The Connecticut Women's Consortium to use the credit card information provided on this document one time (per registration) for the purpose of fulfilling the transaction associated with the Purchase Order above.

Please complete the information below and fax/email this form to The Connecticut Women's Consortium for processing the request associated with you Purchase Order.

Type of Credit Card

- ☐ Visa
- ☐ Mastercard
- ☐ Discover
- ☐ American Express

Credit Card Number: _____

Expiration Date: _____

Security Number: _____

Name on the Card: _____

Billing Address: _____

Name of person completing this form: _____

Department: _____

Contact email/ Phone number: _____