

Credit Card Authorization Form
(IMPORTANT: Please print clearly)

Name (as it appears on your credit card)
State

Network Chapter, City and
State

Credit Card Number (Visa, Master Card, Amer. Exp.)

Exp. Date

Billing Address

City

State

Zip

Phone Number (required)

Fax Number

E-mail address

I Authorize **KhonKhor Enterprises, Inc.** to charge my credit card on the 1st
of each month for the RGJJN™ dues in the amount of \$150.00 per month.

Signature

Print Name