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# International Cornea Project Credit Card Authorization Form

*The following information must be filled out completely and signed for this transaction to be valid.*

## Cardholder Information: *(Please print)*

Card Type:            MasterCard            Visa            American Express

Card#: \_\_\_\_\_

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

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

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

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

## Payment to be applied as follows:

| INVOICE # | \$ AMOUNT |
|-----------|-----------|
|-----------|-----------|

|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| INVOICE # | \$ AMOUNT |
|-----------|-----------|
|-----------|-----------|

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|  |  |

**I agree to pay the above total amount according to the merchant agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date