



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting the Stephen H. Hart Research Center. This authorization will remain in effect until services are rendered or until cancelled.

Credit Card Information	
Card Type: (please check or XX)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name: (as shown on card)	
Card Number:	
Expiration Date: (mm/yy)	
Cardholder Zip Code:	
Total Amount to Be Charged: (please check or XX)	<input type="checkbox"/> =\$20 (1 hour for CO residents) <input type="checkbox"/> =\$30 (1 hour for out of state residents) <input type="checkbox"/> =\$10 (additional hour for HC members)

I, _____, authorize the History Colorado Stephen H. Hart Research Center to charge my credit card above for the amount listed above. I understand that my information will be saved for future transactions related to additional research (and which could be approved by email or phone).

Customer Signature

Date