Credit Card Payment Authorization Form

Paid By Date:

Company:	
Address	
City	
State/Province:	
Zip/Postal Code:	
Phone:	
Fax:	
Contact Name:	

South Carolina Association of Legal Investigators
PO Box 21297
Charleston, SC 29413

Phone: (843) 971-0088
Fax: (843) 971-0302
email: bigblaze@aol.com

INSTRUCTIONS:
Please choose item(s) and enter below.
Sign form and fax , mail or email to the above address:

Select items from list:

MEMBERSHIP

M1: New Member Application ..... $ 125.00
M2: Membership Renewal ..... $ 75.00

ADVERTISING (Fees advertised on Advertising Form)

A1: Journal Advertising ..... As advertised - enter amount from order form
A2: Conference Advertising ..... As advertised - enter amount from order form

CONFERENCES (Fees advertised on Registration Form)

C1: Annual Conference ..... As advertised - enter amount from registration form
C2: Fall Seminar ..... As advertised - enter amount from registration form
C3: Basic PI Program ..... As advertised - enter amount from registration form
C4: Contribution ..... Your Choice

Description	Quantity	Unit Price	Amount
		Sub-total	
		Grand Total	

Credit CardPayment

- ◯ **American Express**
- ◯ **Mastercard**
- ◯ **Visa**

Card Number:

Expiration Date:

Cardholder Name:

Data is not secure.

Cardholder's Signature

Print Form

Internal Use Only

Order Completed:	
Date:	