



Credit Card Authorization Form



For security reasons, this form should not be sent via e-mail. Please fill out and send this completed form via fax or U.S. mail.

Fax Number: 858-408-2430

For security reasons, this is a dedicated fax line located in the Competitor Group Accounting Office, and is accessible to accounting staff only.

Mailing Address:

Competitor Group Accounting Dept
6420 Sequence Dr. 2nd Floor
San Diego, CA 92121

This is a fill-in form. Try it!

I am electing to pay for my invoice with a credit card. My card information appears below.

Event Name and/or Invoice # _____

Company Name _____

Cardholder Name
(as it appears on card) _____

Billing Address (w/Zipcode) _____

Cardholder's Phone Number _____

Cardholder's Email Address _____

Amount to be charged _____

Please charge me monthly: ☐ Yes ☐ No

Credit Card Number _____

CV Code _____

Credit Card Expiration Date: _____

Cardholder Signature
(name as it appears on card)

Date _____

Reminder: Do not send this form via email. Please print and fax or send via U.S. mail to Competitor Group

Print Form