



# Society of Forensic Toxicologists, Inc.

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## One-Time Credit Card Payment Authorization Form

Please complete and sign this form to authorize **SOFT** to process a one-time debit to your credit card for the specified amount. By signing below, you authorize **SOFT** to charge your credit card for the amount listed. This authorization is valid for a **single transaction only** and does not permit any additional or future charges to your account.

### Payment Authorization

I, \_\_\_\_\_, (Full Name) authorize **SOFT** to charge my credit card for the amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_. (Date)

This payment is for:  Dues Renewal  Webinar Registration  SOFT Registration  Other

Include Invoice Number(s): \_\_\_\_\_

### Billing Information

**Billing Address:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

### Payment Details

**Card Type:**  Visa  MasterCard  AMEX

**Cardholder Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_

**CVV:** \_\_\_\_\_

### Authorization & Signature

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_