

**SMPS Philadelphia
Credit Card Authorization Form**

Name on the Card: _____

Company Name: _____

Type of Card: Visa MC AmEx

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

By signing this form, you authorize SMPS Philadelphia to charge your credit card for the amount listed above.

Signed: _____ Date: _____

Submit completed forms to:
Afton Pascal, Marketing Coordinator
McCormick Taylor, Inc.
2001 Market Street, 10th Floor
Philadelphia, PA 19103

Phone: 610-357-1536
e-mail: alpascal@mccormicktaylor.com