



Association of Workers' Compensation Professionals

P.O. Box 46879, Tampa, FL 33647

(800) 642-7774 • Fax: (813) 632-9377

Website Employment Ad Charge Card Authorization Form

Name (as it appears on your card) _____

Company Name (only if it appears on your card) _____

Card Number _____ Security Code _____

Exp Date (Mo/Year) _____

Billing Address (where you receive your bill) _____

(Street or P.O. Box)

(City, State, Zip)

Daytime Phone Number _____

Email Address* _____

*We must have an email address as you will receive a detailed receipt by email immediately upon completion of the charge authorization.

Amount _____ \$300.00 _____

For _____ Website Employment Ad – 1 Month _____

Signature

Date