

VIRGINIA CHIROPRACTIC ASSOCIATION
CREDIT CARD AUTHORIZATION FORM

I authorize the VCA to charge my credit card for the VCA Legal Fund.

CREDIT CARD INFORMATION

____ MASTERCARD ____ VISA ____ DISCOVER

CARD NUMBER

EXP. DATE _____ Amount _____

SIGNATURE

DATE

CARDHOLDER INFORMATION

(Please Print)

NAME _____

ADDRESS _____

OFFICE PHONE _____

FAX _____

Please Mail or Fax this Authorization Form To:

Virginia Chiropractic Association

P.O. Box 35231

Richmond, VA 23235

Phone: 804-594-0644

Fax : 804-594-0646