

GALEO Credit Card Processing Form

Credit Card (circle one): VISA MasterCard AMX Discover

Contribution/Payment Amount: _____

Description of Transaction: _____

Credit Card Number: _____

Card Security CODE*: _____

*On **American Express** cards, the security code is **four** digits above your account number on the front of the card. On **MasterCard** and **Visa** cards, the security code is the last **three** digits inside the signature strip on the back of the card.

Expiration Date: _____ (mm/yyyy)

Name on Credit Card: _____

Billing Address for Credit Card: _____

City/State/Zip: _____

Office #: _____ Home #: _____

Email: _____

I authorize this transaction:

Signature _____ Date _____

Please FAX completed form to Jerry Gonzalez, GALEO, **404.759.2671**.

GALEO
P.O. Box 29506
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Office: 404.745.2580