

NetSuds.com
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Spring Park, MN 55384
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Credit Card Authorization Form & Invoice

Event: May 5 NetSuds Entrepreneurs Breakfast, \$25/person

Amount to Charge: _____

Card Type: (check one) _____ **Visa** _____ **MasterCard**

Card Number: _____

Expiration Date: _____

Name: _____

(Exactly as it appears on the card)

Billing Address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

Signature: _____

(To be kept on file)