



National Franchisee Association, Inc.
 Association of Buffalo Wild Wings® Franchisees

1201 Roberts Blvd., Suite 110
 Kennesaw, GA 30144
 Phone: 678-797-5161
 Fax: 678-797-5171

CREDIT CARD AUTHORIZATION FORM

| Cardholder Information | |
|------------------------|--|
|------------------------|--|

| | |
|-------------------|--|
| Today's Date | |
| Company Name | |
| Cardholder's Name | |
| Billing Address | |
| City/State/Zip | |
| Telephone | |
| Fax | |
| Email | |

| Credit Card | |
|-------------|--|
|-------------|--|

| | |
|-----------------|---|
| Select Card | <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| Card Number | |
| Expiration Date | |
| Zip Code: | The Zip Code that the card is registered in |

| Authorized Purchase | | |
|---------------------|--|--|
|---------------------|--|--|

| | | |
|------------------------|--|---------------|
| Rally/Vendor Show | | \$ |
| | Service Charge for Processing Credit Card | \$5.00 |
| Total Charge(s) | | \$ |

I agree my liability for this purchase is not waived and agree to be held personally liable in the event charges are not paid.
 I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs incurred.

| | |
|------------------------|---|
| Cardholder's Signature | X |
| Date: | |

Check here if you require a copy of the invoice to be faxed to number above.