



Kansas Council on  
**ECONOMIC  
EDUCATION**

### Credit Card Authorization

Name as it appears on Credit Card: \_\_\_\_\_

Visa       Master Card

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Total Amount to Charge: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date	Services/Products Provided	Quantity x \$10	Total Price
	Stock Market Game Team Fees \$10/team		
	For Advisor Name:		
<b>TOTALDUE</b>			

Authorization Number: \_\_\_\_\_  
(for internal use only)

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Please return by fax or mail to the following address.

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