



**CREDIT CARD AUTHORIZATION FORM**

Company: NBER

Name as printed on Credit Card: ROBERT SHANNON

Card Number: 3782 - 6286 - 7884 - 033

Credit Card type: Master Card Visa American Express

Expiration Date: 9/23 SVV: 9625

Billing Address: 1050 MASS. AVE.

City: CAMBRIDGE State: MA ZIP: 02138

Phone: 6175880384 Fax: \_\_\_\_\_

Email: RSHANNON@NBER.ORG

Authorized Amount TBD.

Event Date MARCH 20, 2019

I, ROBERT SHANNON, authorize INDO Restaurant & Lounge to charge my credit card for the amount listed above.

Signature: [Signature] Date: 12.27.18