



RESTAURANT & LOUNGE

**CREDIT CARD AUTHORIZATION FORM**

Company: NATIONAL BUREAU OF ECONOMIC RESEARCH

Name as printed on Credit Card: ROBERT SHANNON

Card Number: 3782-1278-678-84033

Credit Card type: • Master Card • Visa • American Express

Expiration Date: 9/23 svv: 9/25

Billing Address: 1050 MASS AVE

City: CAMBRIDGE State: MA ZIP: 02138

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

Email: RSHANNON@NBRE.ORG

Authorized Amount: AS NEEDED

Event Date: 3/14/19

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

Signature: [Signature] Date: 1/11/19