



MACARTHUR ★ ★ ★ PARK ★ ★ ★

Credit Card Authorization Form

Customer Name Robert Shannon - NBER

Event Date March 21, 2019

Charge type Visa Mastercard American Express Discover

Card Acct# 378262867884033

Expiration Date 09 / 23

V-Code (CW2) 9625 last three digits in signature box on MC/Visa

Amex four small digits printed on the front of the card

Card Holders Info: Company Name NBER

Individuals Name Robert Shannon

Billing Address 1050 Mass Ave

City, State and Zip Cambridge, MA 02138

Please charge my card for this event. \$ 1,000.00 deposit

Print Name Robert Shannon

Cardholders Signature 

Date 12/26/18

Please e-mail or fax to (650) 321-1403