



CREDIT CARD AUTHORIZATION FORM

Company: NATIONAL BUREAU OF ECONOMIC RESEARCH

Name as printed on Credit Card: ROBERT SHANNON

Card Number: 3782-678-678-84033

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@NBER.ORG

Authorized Amount _____

Event Date 2/8/19

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

Signature: [Handwritten Signature] Date: 11/28/18