



Santa Fe Walking Map Credit Card Authorization Form

Name on the Card: _____

Business(es): _____

Type of Card: Visa MC AmEx Discover

Other _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Item(s) Purchased: _____

Total Amount Due: _____

Number of Installments (1 to 4): _____

Amount to be
Charged Each Installment: _____

Please select up to **Four (4)** dates on which you wish to be charged. Card will be charged on or shortly after selected dates.
If you wish to sign up for annual recurring billing option, please use the Annual Recurring Billing Form instead.

Month:

OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY

Date:

(Please select one of the options below)
1st
15th

Note: Participant is responsible for ensuring that credit card information listed with the Walking Map is current. Walking Map reserves the right to charge late fees for repeated missed payments.

By signing this form, you authorize Santa Fe Walking Map, LLC to charge your card for the amount listed above. Please print, sign, scan and return to Sage@SantaFeWalkingMap.com or fax to 505-992-9901.

Signed: _____

Date: _____