



Palisades Emergency Residence Corporation
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Emory A. Edwards
Executive Director

CREDIT CARD AUTHORIZATION FORM

Name: _____
(as it appears on card – please print)

Company/Organization: _____

Billing Address: _____

City: _____

State: _____ Zip Code: _____

Telephone (required) _____

E-mail address (optional) _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ American Express

Amount to be charged: \$ _____

Credit Card # _____

Expiration Date: _____ **CVV / V-code** _____

*3-digit code on back or
4 digits on front of Amex cards*

Signature of cardholder _____