



ROCKEFELLER ARCHIVE CENTER

## Credit Card Charge Form

Date: \_\_\_\_\_

\_\_\_\_\_ VISA      \_\_\_\_\_ Master Card      \_\_\_\_\_ American Express

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Billing Address on Credit Card Account:

\_\_\_\_\_  
\_\_\_\_\_

I authorize the Rockefeller Archive Center to charge my credit card for all research related services.

Signature: \_\_\_\_\_

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If telephone transaction: \_\_\_\_\_

RAC staff member taking credit card information \_\_\_\_\_