



2019 COMPANY CODE BILLING AGREEMENT

A Company Code is available to organizations that wish to pay all or a portion of Race registration fees for their employees/members. The Company Code provides a discount to the employee/member participant that is later paid by the organization named below. **Codes will not be processed until form is completed.**

PLEASE COMPLETE THE FOLLOWING, ALL FIELDS ARE REQUIRED

1. CONTACT INFORMATION

Organization Name: _____

Organization Address: _____

City, State, Zip Code: _____

Organization Phone #: _____ Contact Name: _____

Contact email: _____

2. BILLING INFORMATION (The credit card on file will be charged within 30 days after Race. No check cards please).

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Cardholder Phone # _____ Email: _____

Billing Address _____

Credit Card Number _____ Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

ASSIGNED COMPANY CODE (office use only): _____

3. DISCOUNT TYPE – Select one of the following options

Fixed Dollar Amount of \$_____ (i.e. \$10 off each registration)

OR

Fixed Percentage of _____% (i.e. 50% each registration)

Include mailing option - cost \$8 YES OR NO

4. DISCOUNT LIMIT

Limit number of registrations to _____ (if no limit, write “unlimited”)

TERMS OF AGREEMENT

- Company Codes are only for **ONLINE** registrations at komencharlotte.org
- Registration fees are not tax-deductible or refundable
- The credit card provided above will be charged within 30 days following the Race. Upon billing, you will be provided a receipt and a list of individuals who registered using your Company Code
- Upon receipt of completed form, Komen Charlotte will issue a Company Code to be distributed to your employees. Komen Charlotte does not accept responsibility for monitoring the use of your assigned Company Code. It is the sole responsibility of your organization to distribute, set guidelines for, and monitor usage.

I agree to the terms set forth in this agreement:

Organization Authorized Signature & Title

Date

Printed Name

Return completed form to Lynda Bell Anello, l.anello@komencharlotte.org