

ASSIGNED COMPANY CODE (office use only): \_\_\_\_\_



## COMPANY CODE BILLING AGREEMENT

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A Company Code is available to organizations who 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.

**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) \_\_\_\_\_

**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](http://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

**PLEASE RETURN COMPLETED FORM TO [LANELLO@KOMENCHARLOTTE.ORG](mailto:LANELLO@KOMENCHARLOTTE.ORG)**