

Event Credit Card Payment Authorization Form

Payment Authorization Request

EVENT ID:

EVENT DATE:

CLIENT NAME:

PHONE NUMBER:

COMPANY NAME:

CITY/STATE/ZIP:

ADDRESS:

RELATION TO CARDHOLDER: Business Associate Relative Friend Other

Rate Information and Approved Charges

All Charges Rental Fee Decor Audio/Visual Parking
Event/Catering/Banquet Charges Other:

COMMENTS / SPECIAL REQUESTS:

Payment Information and Signature

CARDHOLDER NAME:

CARD INFORMATION:

CARDHOLDER PHONE NUMBER:

RELATIONSHIP TO GUEST:

By signing below, you authorize our business to charge your credit card immediately for the approved charges indicated above. You further acknowledge that if "all charges" has been selected, then all event- related charges will be charged to the above card number at the time of event completion.

I have read and agree to the business' terms and conditions.

CARDHOLDER SIGNATURE:

DATE: