

Encore Event Technologies

CREDIT CARD AUTHORIZATION FORM

Name of Guest or Organization: _____

Confirmation/Account Number (If available): _____

Sales/Conference Service/Catering Manager: _____

Cardholder Name (please print): _____

Cardholder Phone Number & E-Mail Address: _____

Credit Card Account Number: _____ Exp. Date: _____

Description of Services: (Cardholder please initial next to all authorized charges)

_____ All Charges _____ Advance Deposit Schedule \$ _____ on ___/___/___

\$ _____ on ___/___/___

\$ _____ on ___/___/___

Flat Dollar Amount \$ _____ Event Date: ___/___/___

_____ Other

Charges: _____

I hereby authorize Encore Event Technologies to apply costs for the above listed items/services to the credit card identified above.

Cardholder Signature _____ Date _____ CSV Code _____

Address to which statement and charge voucher to be sent:

Name: _____

Company Name: _____

Address: _____

City, State: _____ Postal Code _____

