



# Credit Card Authorization Form



## PAYMENT METHOD:

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:    Visa                      MasterCard                      American Express                      Discover

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Authorized Signature/Date: \_\_\_\_\_

## EVENT INFORMATION:

Name of Event: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Company: \_\_\_\_\_

## AUTHORIZATION:

I authorize SMG-Tucson Convention Center to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for the purchase in accordance with issuing bank cardholder agreement

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please submit form to Finance Office via email or fax.