

123 Park Avenue, Michigan 69789 MI

123-456-7899

|  |  |  |  |
| --- | --- | --- | --- |
| Event Date: |  | Even Time: |  |
| Event Theme: |  | # of Guests: |  |
| Room: |  | Menu: |  |

# Credit Card Authorization Form

I authorize COMPANY NAME to bill the credit card below as the method of payment to cover the following charges as stated below:

□ Food □ Beverages □ Deposit □ Room □ All Charges

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization / Name of Group: | | | | | |  | | | | | | | | |
| Type of Credit Card: | | | | |  | | | | | | | | | |
| Credit Card Number: | | | | |  | | | | | Expiry Date: | | |  | |
| Cardholder Name: | | | |  | | | | | | | | | | |
| Billing Address: | | |  | | | | | | | | | | | |
| City: | |  | | | | | State: | |  | | | Zip: | |  |
| Tel: |  | | | | | Email: | |  | | | Fax: | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Cardholder: | |  |  |  |
| Date: |  | |  |  |

|  |  |
| --- | --- |
| On-site contacts authorized to sign | |
| 1) |  |
| 2) |  |

Please complete the form (include photocopies of both front and back of your credit card) and fax the completed form and the copies to (123) 123-4567 to place your order**.**