


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**.**

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