

## CREDIT CARD AUTHORIZATION FORM

The following information is required in order to process credit card charges for payment of invoices:

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

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

Type of Card: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

I hereby authorize the Austin Convention Center Department to charge the above credit card for charges incurred related to above event unless other payment arrangements are made.

