



encoreSM

CREDIT CARD AUTHORIZATION FORM

Name of Guest or Organization _____

Cardholder Name *(please print)* _____

Cardholder Phone Number _____

Please identify credit card below *(check one)*

American Express

MasterCard

Carte Blanche

Discover

Diners Club

Visa

JCB

Credit Card Account Number: _____ Exp. Date _____

Description of services: All Charges _____

Exhibit Booth _____

Advance Deposit _____

Audio Visual _____

Other _____

Date of Event: _____

Cardholder Signature _____ Date _____ Auth. Code _____

Address to which statement and charge voucher to be sent:

Name _____

Company Name _____

Address _____

City, State _____ Postal Code _____

Credit Card Authorization not valid if cardholder name, signature and name on card above do not match. Please include copy of card if being card is not present at time of charges. Fax Completed form to 817-886-4547, attention to Encore,