

CREDIT CARD AUTHORIZATION FORM

Date: _____

Name: _____

Company: _____

Contact Information:

Phone

E-mail

Cell

Fax

Credit Card Billing Address

City

State

Zip

Credit Card Company: Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

CVV#: (Last 4 digits on back) _____

I give the SBE Training Center permission to charge the above credit card for rental/seminar expenses related to (fill in seminar or event date): _____

(Fill in attendee name(s) for seminar) _____

(ROOM RENTAL: I understand that if the rental results in damage to the room, a security/cleaning deposit equal to the rental fee will be charged to my card as well.)

Signature

Date