

CREDIT CARD AUTHORIZATION FORM

We accept Master Card, Visa, and American Express Only

This is **NOT** a credit application for direct billing, credit card **WILL** be charged for payment/deposit

GATEWAY CENTER

One Gateway Drive
Collinsville, IL 62234
Phone: 618/345-8998
Fax: 618/345-9024
Web Site: www.gatewaycenter.com

PLEASE COMPLETE

Event Name: _____
Contract #: _____
Event Date: _____
Amount: _____
Salesperson: _____

.....
Please type or print clearly

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax: (____) _____

Contact Person: _____

Booth Number: _____

_____ MC _____ VISA _____ AM EX Expiration Date: ____/____/____

Account Number: _____

Cardholders Billing Address (if different from above):

City: _____ State: _____ Zip Code: _____

Yes, I would like to keep my number on file to be used for future meetings at Gateway Center.

Please complete the information requested and return this form with your contract. We will use this authorization to charge your credit card for deposits, floor orders, and/or for any delinquent balance that has not been resolved after invoicing has occurred.

Cardholder's Signature

Cardholder's Name (Print)



FOR OFFICE USE ONLY
Capture # _____ Amount Chgd. _____
Date Processed _____ By _____
Invoice # _____