







CREDIT CARD AUTHORIZATION FORM

| Processing Date: | Transaction Amount: | |
|--|--------------------------------------|--|
| Booth Holder Name: | | |
| Event: WLGS | | |
| Credit Card Type: | | Expiration Date: |
| Credit Card Number:(16 digits 15 digits for Amex) | | |
| CVV2/CID Number (Security | <mark>y Code</mark>): | (3 digits or 4 digits for Amex) |
| Card Holder's Name: | | |
| Name (as it appears on | credit card) | |
| Phone: | Email: | |
| Card Holder's Billing Address (as | it appears on card hol | der's credit card statement): |
| Street 1: | | |
| Street 2: | | |
| City: | | Zip Code: |
| By signing this authorization, I authorize shown above. If the company is unable to arrangement and any late fees which rest | o process my payment, I will ult. | Signature charge my credit card in the amount of the total l be responsible for an alternate payment cree to all of the above and all information given is |
| Cardholder's Signature | Date: | |