

## **Credit Card Authorization Form**

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name:		Date:		
Billing Address:		Phone:		
City/State:		Zip		
Credit Card Type: ☐ Visa	□ MasterCard	☐ Discover	☐ American Express	
Credit Card #:		Expiration Date:		
3-digit CVV code:				
Payment amount: \$	U.S.D. + 4% convenience fee of \$		= \$(total authorized amount)	
I hereby authorize Extraco Events Cent	er to charge my credit card the	above \$ amount.		
Printed Name (as it appears on credit o	ard)	Customer Signature		
Payment For:				
☐ Show Entries ☐ Stal	ls	□ Other:		
Please Initial: Please hold this ci	edit card to be used for ac	lditional charges, as r	needed.	
Payment amount: \$	U.S.D. + 4% conver	U.S.D. + 4% convenience fee of \$		

Please hold for check payment at show. I acknowledge this card may be charged if I fail to bring check to show office