



Client Utilities Department
500 North High Street
Columbus, Ohio 43215
Voice: (614) 827-2548
Fax: (614) 827-2658

Credit Card Payment Authorization Form

Name of Event _____ Booth# _____
Company Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____

Credit Card Billing Information

Cardmember's Name _____
Please Print
Cardmember's Billing Address _____
Please Print
City _____ State _____ Zip _____

Apply Charges to: American Express ___ Visa ___ Master Card ___ Discover ___

Account #: _____ - _____ - _____ - _____

Expiration Date: ___ / ___ (MM/YY)

I acknowledge that the above information is accurate and that I am an authorized signer of the account. I hereby authorize the Greater Columbus Convention Center to charge the above credit card account for all charges incurred during the above event (including all telephone calls made on GCCC telephone service).

Cardmember's Signature: _____