



CREDIT CARD AUTHORIZATION

Company Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Event(s) for which this transaction is to be applied:

Event Name: _____ Event Date: _____

CREDIT CARD INFO

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

CC Number: _____ Expiration Date: _____

Base Amount: \$ _____ 4.5% Transaction Fee: _____

Total Amount to be charged (Base Amount + Transaction fee):

By my signature below, I hereby authorize Special Events Management to charge my credit card for the total base amount plus a 4.5% transaction fee for the above listed event(s) and agree that any dispute will be resolved no later than ten (10) days from the date of the invoice. I understand that an approval authorization will be obtained from the credit card company prior to the event. Please note that your credit card statement will indicate **Chicago Special Events Management**. Please sign, then fax to **312.896.5037** or scan and email to accounting@chicagoevents.com.

Cardholder Signature

Date

INTERNAL USE ONLY:

Authorization Code: _____ Processed by: _____