



## Credit Card Authorization

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby

authorize the Muskingum County Convention Facilities to charge my credit card (Visa/MasterCard/American Express, & Discover) as indicated below. If credit card is used as a guarantee of payment for Direct Billing, the credit card will be charged if the Master Bill for your function is not paid in full by 30 days following the billing date. By doing so, I guarantee full payment of the account as described:

**Name of Event:**

**Date of Event:**

**Charges:**

**Bill to Include:**

|                          |  |
|--------------------------|--|
| <b>Room Rental</b>       |  |
| <b>Refreshments</b>      |  |
| <b>Linens</b>            |  |
| <b>Building Security</b> |  |
| <b>Other</b>             |  |
|                          |  |

**Type of Card:**

**Credit Card Number:** \_\_\_\_\_  
\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_  
\_\_\_\_\_

**CSV # on back of card –3 digit** \_\_\_\_\_  
\_\_\_\_\_

**Cardholders Name: (Print)** \_\_\_\_\_  
\_\_\_\_\_

**Cardholders Signature:** \_\_\_\_\_

**Cardholders Address:** \_\_\_\_\_  
\_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_  
\_\_\_\_\_

**Cardholders Phone #:** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A COPY OF THE FRONT & BACK OF THE CREDIT CARD**  
**FAX: 740-452-8076 or Email: cbuchanan@mccfa.com**