

**CREDIT CARD AUTHORIZATION FORM**

*We accept Master Card, Visa, Discover, and American Express.*

*This is **NOT** a credit application for direct billing, credit card **WILL** be charged for payment/deposit*

**All credit card transactions are subject to a 3% convenience fee.**

**GATEWAY CENTER**

One Gateway Drive  
Collinsville, IL 62234  
**Phone:** 618/345-8998  
**Fax:** 618/343-2870  
**Web Site:** www.gatewaycenter.com

**PLEASE COMPLETE**

**Event Name:** \_\_\_\_\_  
**Contract #:** \_\_\_\_\_  
**Event Date:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_  
**Salesperson:** \_\_\_\_\_

.....  
Please type or print clearly

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Booth Number: \_\_\_\_\_

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CCV# (3 digit code on back of card) \_\_\_\_\_

Account Number: \_\_\_\_\_

*(All credit card transactions are subject to a 3% convenience fee)*

Cardholders Billing Address (if different from above):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please complete the information requested and return this form with your contract. We will use this authorization to charge your credit card for deposits, floor orders, and/or for any delinquent balance that has not been resolved in 30 days after invoicing has occurred.

**Cardholder's Signature**

**Cardholder's Name (Print)**

**If you wish for Gateway Center to keep your credit card information on file for future events, check this box.**

|                            |              |
|----------------------------|--------------|
| <b>FOR OFFICE USE ONLY</b> |              |
| Capture # _____            | Amount _____ |
| Date Processed: _____      | By _____     |
| Invoice # _____            |              |

