



Credit Card Form

Event Name: _____

Event Date(s): _____

Dollar Amount: _____

I, _____, the undersigned, give SMG / Hampton Roads Convention Center authorization to charge the dollar amount as indicated above to my credit card as listed below.

Please check the appropriate form of payment:

American Express

Visa

MasterCard

Credit Card Number

Expiration Date

Card Holder Name:

Card Holder Signature:

Date

Billing Address: City State Zip Code

Telephone Number:

Fax Number: