



Credit Card Form

Event Name: _____ Event ID: _____

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 Discover

HRCC will contact you for your CC number. Please list a good phone number below.
Credit Card Number _____ Expiration Date _____

Card Holder Name _____ 3-digit Security Code _____

Credit Card Billing Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number (if applicable) _____

E-mail Address (if you'd like a receipt of this transaction emailed to you) _____

Card Holder Signature _____ Today's Date _____