



# Credit Card Form

Event Name: \_\_\_\_\_ Event ID: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, give ASM Global / 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 \_\_\_\_\_