



CREDIT CARD AUTHORIZATION

I authorize the St. Charles Convention Center to charge to the following credit card for:

- Initial deposit accompanying license agreement
- Contractual payments per schedule in license agreement
- On site incidentals and/or outstanding event charges

Event Name: _____ Event Date: _____

Please select one:

_____ Visa _____ MasterCard _____ AmEx _____ Discover

Account #: (Please print clearly or type) _____

Expiration Date: _____ Security Code: * _____ *This is the last 3 digits on the back of your card for Visa or M/C. It is the 4 digits on the front of American Express

Name on Card: (Please print clearly or type) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____

Authorized Signature _____ Date

Please send credit card information via fax to 636.669.3001. Spectra Venue Management makes every effort to respect your privacy. We ask that you do NOT email to keep all digital copies of your sensitive information out of cyber space.

St. Charles Convention Center Use Only					
Amount	Date	Event Date	Amount	Date	Event Date