



McAllen Convention Center  
 700 Convention Center Blvd.  
 McAllen, TX 78501  
 Tel: (956) 681-3800  
 Fax: (956) 681-3840

## Credit Card Authorization Form

### CARD HOLDER INFORMATION

Company Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

### PAYMENT AUTHORIZATION

Card Type:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

Please reference the picture to the right for the location of this number on your card. (CID)

(Visa, Mastercard & Discover: 3 digits on back)



I/ We authorize the purchase of services from McAllen Convention Center using this Credit Card Authorization Form. I agree that I will pay for services as rendered and indemnify and hold McAllen Convention Center harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one (1) year. I/We hereby give permission for McAllen Convention Center to use the account listed above in order to perform transactions necessary.

**Directions:** Fill in required information above and fax to **McAllen Convention Center** at **956-681-3840** or mail to: **700 Convention Center Blvd., McAllen, TX 78501**

**CONFIDENTIAL**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX COMPLETED FORM TO 956-681-3840**

*For Office Use Only*

Client Name: \_\_\_\_\_

Resev # : \_\_\_\_\_ Resv Date: \_\_\_\_\_