



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

*Payment will be processed once the application has been processed and only if accepted as a festival vendor.*

### Vendor Information

Vendor Name: \_\_\_\_\_

Vendor Type:     Food             Business Expo             Artisan  
                          Other \_\_\_\_\_

Total Amount to be charged: \$ \_\_\_\_\_

### Credit Card Information

Card Type:     MasterCard             VISA             Discover             AMEX  
                          Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize the Conway Chamber of Commerce to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date