



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: <input type="checkbox"/> Food <input type="checkbox"/> Business Expo <input type="checkbox"/> Artisan <input type="checkbox"/> Other _____
Total Amount to be charged: \$ _____

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> 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