



# Conference Services

## Credit Card Authorization Form

In order to meet your request for Credit Card Billing, please return this completed form to our office at least two weeks prior to the start of your event. Please do NOT email this form. Please fax back to us at 302-831-2998 between 9am-5pm EST.

ORGANIZATION NAME: \_\_\_\_\_ DATE(s) OF EVENT: \_\_\_\_\_

BILLING ADDRESS 1: \_\_\_\_\_

BILLING ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ORGANIZATION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ CARD TYPE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

(Three or four digit code appearing in the signature

SECURITY CODE: block on the back of the card, or embossed on the front.): \_\_\_\_\_

### ADDRESS AT WHICH YOU RECEIVE YOUR CREDIT CARD STATEMENT:

STATEMENT ADDRESS 1: \_\_\_\_\_

STATEMENT ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

In case of a question or error in billing, it is your responsibility to contact the University of Delaware Conference Services to correct any problem. I hereby give my permission to the University of Delaware to charge the above listed card, and understand that the University of Delaware's payment policy requires that all accounts be paid in full within thirty (30) days from the close of your function.

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### UD CONFERENCE CENTER USE

Amount processed: \_\_\_\_\_ Approval code: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Amount processed: \_\_\_\_\_ Approval code: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_