



Credit Card Authorization Form

Date _____

Type of Card:

American Express

Visa

MasterCard

Discover Card

Credit Card Number _____

Expiration Date (MM/YY) _____ Security Code _____

Purpose of Charge _____ Amount _____

Authorized Signature _____

Print Name on Card _____

Company Name _____

You may fax this information to **703.273.0469** or call the convention department at 703.359.1328 with invoice questions.