

MPI

Credit Card Authorization form

We are delighted that you have selected us to manage your event. Please provide all the information requested below as a form of payment for all event charges as outlined in your contract.

Event Information

Name of Event: _____

Organization Name : Meeting Professionals International

Phone Number: _____ Fax or alternate number: _____

Event Dates: _____

Amount: _____

Cardholder Information

Name as it appears on the credit card: _____

Card type: ☐ Visa ☐ MC ☐ Amex

Account type: ☐ Individual (personal credit card)

☐ Corporate | Company Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate. I hereby authorize Meeting Professionals International to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name:
(Printed) _____

Cardholder signature: _____ Date: _____

Please email the completed form to Jamie Reed at info@mpicac.org