

CREDIT CARD AUTHORIZATION FORM

Credit Card Holder: _____

Purchased services: _____

CREDIT CARD:

Credit Card Billing Address: _____

Credit Card Billing City: _____

Credit Card Billing State: _____

Credit Card Billing ZIP: _____

Credit Card Billing Country: _____

Credit Card Type: Visa (2%) Mastercard (2%) Amex (4%)

Credit Card Number: _____

Credit Card Expiration Date: _____

Name on Credit Card: _____

Credit Card Security Code: _____

CHECK ONE BOX BELOW

Check Below Type of Charge Approval

One time amount. _____ (including card fees)

By signing this Credit Card Billing Authorization the individual executing this form on behalf of the Buyer represents and warrants to **Eurolink Middle East Event Management** that he/she is authorized by the Buyer to make purchases and that the information set forth above is accurate and complete. Furthermore, the signer acknowledges that all purchases from **Eurolink Middle East Event Management** will be charged to the credit card identified above, without recourse and subject to **Eurolink Middle East Event Management**. Annual agreement, unless otherwise provided by a separate written agreement.

Signature of card holder

Date

