



Credit Card Authorization Form

Name on Card: _____

Vendor/Booth Name: _____ Booth #: _____

Billing Address: _____

Phone: _____ 2nd Phone: _____

Type of Card: VISA Mastercard Discover

(Please note we are unable to accept American Express)

Credit Card Number: _____

Expiration Date: _____ / _____

VID code: _____

(last 3 digits on back of card)

Amount Approved to Charge: _____

Signature of Cardholder: _____

(I approve the charges and terms of agreement with the card issuer.)

Please fax or email this form with your contract or participant information to:

(360) 397-6185 Attn: Jan Williams Email: jan.williams@clark.wa.gov

The Clark County Event Center will keep all information on this form strictly confidential.

Clark County Event Center · 17402 NE Delfel Road · Ridgefield, WA 98642

(360) 397-6180 · (360) 397-6185 fax