



CREDIT CARD AUTHORIZATION RELEASE FORM

Date and Time of Event: _____

Client Name: _____

Company Name: _____

Client Email: _____

Client Phone: _____

Onsite Contact Name/Contact Info: _____

What would you like Welcome Sign to read? _____

Name on Credit Card: _____

Phone Number of Cardholder: _____

Credit Card Type: _____

Credit Card Number: _____ Exp Date: _____

Security Code: _____

I, _____ (Guest Name), hereby authorize PRESS CLUB to charge all event costs, cancellation and additional fees, if any, to above credit card.

Please see your event contract for details of your cancellation terms.

I agree to be solely responsible for all said charges and cancellation fees for the above named individual.

Card Holder Signature: _____ Date: _____

Thank you and we look forward to hosting a wonderful event for you at Press Club!

To be filled out by Events Team - For Floor Managers:

Client/Company: _____

Event Space: _____