Gwinnett Center

Credit Card Authorization Form

(Please type or print in black ink)

GROUP INFORMATION

Group Name _____

Contact Person _____

Billing Address _____

City & State _____ Zip Code _____

Telephone Number _____ Fax _____

Date of Function _____ **Contract Number(s)** _____

CREDIT CARD INFORMATION

Payment Type ☐ AMEX ☐ Discover ☐ Master Card ☐ Visa

Credit Card # _____ **Expiration Date** _____ /20_____

V-code from back of card: _____

Cardholder agrees to pay by credit card all approved expenses. Approval will be by cardholder, authorized on site contact, or people defined as User on Contract Agreement with Gwinnett Center. Approved expenses include all room rental(s) as well as additional equipment and labor charges incurred.

Please list cardholder's name as it appears on the card

Cardholder's Name _____

Authorized Signature _____

Date Authorized _____

Please complete all portions above and return to: 6400 Sugarloaf Parkway
Duluth, GA 30097-4091

Or Fax to: (770) 813-7501

Incomplete Authorization Forms Will Not Be Accepted

FOR GC USE ONLY

Original to: Salesperson

Cc: Accounts Receivable