CHARGE AUTHORIZATION FORM

For payment by credit card: We will be glad to accept your credit card information via fax or over the phone. (Please DO NOT e-mail; for your safety we will no longer accept charge authorization forms via e-mail.)

Phone: (716) 278-2100 *Fax*: (716) 278-0008
Mailing Address: 101 Old Falls Street, Niagara Falls, NY 14303

Complete the information requested below and return this form with your order(s). Please print or type.

COMPANY NAME_____

CREDIT CARD BILLING ADDRESS_____

CITY_____ STATE_____ ZIP CODE _____

ORDERED BY_____ DATE_____

PHONE_____ FAX_____

E-MAIL_____

Print Name as it appears on the card: _____

Signature as it appears on the card: _____

By signing below I am authorizing the Conference & Event Center Niagara Falls to charge my card for the following:

Please note: If Initial Deposit is only option selected, for your protection your card information will be immediately destroyed after transaction completion. If you would like your card to remain on file for future deposits or final balance, please sign by each deposit below. Once your event is complete your information will be securely destroyed.

- Initial Deposit: _____
- Second Deposit:_____
- Third Deposit:_____
- Final Balance:_____
- Other:_____

****Event Name: _____**

****Event Date: _____**

PLEASE DO NOT SEND A COPY OF YOUR CREDIT CARD WITH THIS FORM

FOR YOUR SECURITY - Please ONLY fill out credit card information if you intend to FAX this information to (716) 278-0008. PLEASE DO NOT EMAIL ANY CREDIT INFORMATION, as we will be happy to accept your credit card number by telephone.

Visa MC American Express Discover

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE: _____

DATE RECEIVED: _____