

## Credit Card Authorization

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I authorize Centerplate to charge my credit card:

Event Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Type (circle one): **VISA** **Master Card** **Discover** **American Express** **Diners Club**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_  
(3 or 4 digit ID on front or back of card)

Billing Address and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE RETURN TO:**

**Fax # 504.670.7201**

New Orleans Morial Convention Center

*Attention: FOOD & BEVERAGE*

900 Convention Center Boulevard | New Orleans, LA 70130

Phone: 504.670.7200