

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have Shipping & Receiving expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. This form must be received at least five (5) business days prior to the Event Date in order to ensure acceptance of the credit card to be charged. **** PLEASE DO NOT SEND COMPLETED FORM BY EMAIL**

FAX COMPLETED FORM TO: (313) 447-2138

ATTENTION: Robert George

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Exhibitor Information

On-site Point of Contact: _____

Exhibit / Company Name: _____

Phone number: _____ Fax or alternate number: _____

Shipping and Receiving Charges:

****Note: All incoming and outgoing shipping charges will be charged to your credit card.**

Expected Amount of Packages to be Shipped to the hotel: (Inbound) _____

Expected Amount of Packages to be Shipped from the hotel: (Outbound) _____

Storage Fees:

Charges apply to any/all material received more than Three (3) calendar days before date of event, as well as items stored up to three (3) calendar days after the last date of the event.

Banquet Room Deliveries:

Box Movement to Meeting Room is \$1.00 per box (< 20 lbs.) and up to \$50.00 for any box depending on size & weight. Movement of large items, pallets & crates will be charged at a rate of \$20.00 per every 50 lbs.

Outbound Packages:

Outgoing packages will incur a \$2.00 per package handling charge.

I certify that all information is complete and accurate. I hereby authorize Detroit Marriott at the Renaissance Center to collect payment for all charges as indicated in the Shipping & Receiving Rate Information section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above. By signing below, you authorize the hotel to charge your credit card immediately for all shipping charges as outlined above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____