

# THE WESTIN

## MEMPHIS

Beale Street

Westin Memphis Beale Street

### Credit Card Payment Authorization Form

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to Event Date to ensure acceptance of the credit card to be charged. Do not send completed form by email.*

FAX COMPLETED FORM TO: 901-334-5901

ATTN: Elisa Dickerson

**FOR HOTEL ONLY:**

Guest / Group Name:	CareerMD	
Check-In / Event Date:	September 30, 2010	
Authorized Amount:	Approval Code:	Date:

**CARDHOLDER - Please complete the following section and sign/date below.**

Exhibitor Name & Company:				
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
Daytime /Business Telephone:				
Credit Card Number:			Expiration Date:	
Credit Card Type: (Circle one)				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):	

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

Expected Amount of Packages to be Shipped to hotel: \_\_\_\_\_

Expected Amount of Packages to be Shipped from hotel: \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for all shipping charges indicated above.

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

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