MARITIME
CONFERENCE CENTER

692 Maritime Boulevard
Linthicum Heights, MD 21090

Voice: (410) 859-5700
Fax: (410) 859-2893

CREDIT CARD AUTHORIZATION FORM

EVENT INFORMATION:

Name of Company/Organization: _____

Contact Person: _____ **Phone Number:** _____

Email of Contact person: _ _____

DATE(S) OF EVENT: _____

Person(s) Authorized to place charges on this credit card: 1) _____
(please print)

2) _____
(please print)

CREDIT CARD INFORMATION:

Type of Card: ☐ **VISA** ☐ **MasterCard** ☐ **American Express** ☐ **Diners Club** ☐ **Discover**
(please check one)

Name as it appears on the credit card: _____
(please print)

Address of Cardholder: _____
(street number & name)

_____
(city, state & zip)

Phone Number of Cardholder: _____

Credit Card Number: _____ **Credit Card Expiration Date**_____/_____

CID Number (3 digit code on back of VI, MC, DC, DIS or 4 digit code on front of AMEX):_____

I understand that by signing below, I am hereby authorizing The Maritime Conference Center to place the following charges related to the above outlined event on this credit card. (Please check appropriate items below)

☐ **All charges** ☐ **Deposit per contract** ☐ **Room & Tax** ☐ **DMP Charges** ☐ **Incidentals**

_____

Authorized Signature of Cardholder **Date**

Would you like the final invoice and receipt mailed to the address above OR emailed? **Mailed** **Emailed**

If address is different than above, please list new address: _____

Alternate email: _____