



Attn: Exhibitor Services
Wisconsin Center District
400 West Wisconsin Avenue, Milwaukee, WI 53203
Phone 414-908-6053 Email:Exhibitorsvc@wcd.org

Booth # _____

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize Wisconsin Center District to bill my
Authorized By (Print Name)

Credit Card for charges listed on my order form and any additional charges incurred for

Event Name

CREDIT CARD (Circle One) AMERICAN EXPRESS, VISA, MASTER CARD, DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE _____

Company Name: _____

Card Holder: _____

Please Print

Signature: _____ Date: _____