



**WISCONSIN  
CENTER**

**ADDRESS**

400 W. Wisconsin Avenue, Milwaukee, WI 53203

**PHONE NUMBER**

414.908.6000

**WEBSITE**

*WisconsinCenter.com*

**WISCONSIN CENTER CREDIT CARD AUTHORIZATION FORM**

---

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

Credit Card (Circle One) American Express Visa Master Card Discover

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

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_

The signature below serves as my formal written authorization and approval for the Wisconsin Center to charge my credit card listed above the Exhibitor Services expenses at the Wisconsin Center.

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

CONTACT US VIA EMAIL AT [ExhibitorSvc@wcd.org](mailto:ExhibitorSvc@wcd.org) OR BY PHONE AT 414-908-6053

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION