

PROJECTION PRESENTATION TECHNOLOGY

Walter E. Washington Convention Center

801 Mount Vernon Plaza NW

Washington, DC 20001

(TEL) 202-249-3700, (FAX) 866-728-5938

CREDIT CARD PAYMENT AUTHORIZATION FORM

Date _____

Credit Cards Holder's Name _____
(As it appears on the credit card)

Credit Card Type _____
(Visa, MasterCard, Amex, Other)

Credit Card # _____

Credit Card Expiration Date _____

Amount

Customer's ID _____

Customer's Name _____

Invoice #

Authorized Signature

Name and Title
