



Peoria Chamber of Commerce

Conference Room Rental Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Business Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (3 digits on the back of the card)

Billing Amount to Charge: \$ _____ (USD)

Please read carefully:

I authorize The Peoria Chamber of Commerce to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. This is a one-time charge for use of the Peoria Chamber of Commerce Conference Room; there are no refunds within 24 hours of the reservation.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____