



W E D D I N G  
E X P E R I E N C E

## Credit Card Authorization Form

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

Amount to Charge (select one)  Applicable fees as due --or-- \$\_\_\_\_\_ Other amount

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

Expiration Date \_\_\_\_\_

CIV/Security Code (4 digits on front of Amex, 3 digits on back of other cards) \_\_\_\_\_

Name on Card \_\_\_\_\_

I authorize Showcase Events Inc. to charge my credit card for the amount shown above.

Signature of Cardholder \_\_\_\_\_

Date \_\_\_\_\_

Charges will appear on your statement as Showcase Events, Inc.

Please fax form to (703) 425-0714, email to [info@weddingexperience.com](mailto:info@weddingexperience.com),  
or mail to Showcase Events, 262 Fort Howell Drive, Hilton Head, SC 20026