



## CREDIT CARD AUTHORIZATION FORM

**Fax or Mail to:** Gaylord National Resort & Convention Center  
Attn: Exhibit Service Department  
201 Waterfront Street National Harbor Md. 20745  
Office: (301)-965-3710  
Fax: (301)-965-3797

Email to: [GNExhibits@gaylordhotels.com](mailto:GNExhibits@gaylordhotels.com)

### ADVANCE PRICE DEADLINE - Date

Event Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned agree to give Gaylord National Resort and Convention Center authorization to charge for the following services: Telecommunications, Long Distance Services, Electrical Service (labor and materials), Compressed Air, Water and Drain, Rigging and Security Services to my credit card. Payment is accepted through exhibit services in the form of VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, DINERS CLUB and Money Order (U.S. funds drawn on U.S. banks only). Maryland State Sales Tax (6%) will be applied to all equipment & service orders. **Checks and cash are not accepted.** All credit card payments should include a copy of the front and back of credit card.

I further authorize the following named person(s) to use the below listed credit card to pay of any additional services either in advance or on-site.

Print Name:	Signature:
_____	_____
_____	_____
_____	_____
_____	_____

**Credit Card:**     Visa     MasterCard     American Express     Discover     Diners Club

Credit Card: \* \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder (Print) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_