Elliott-Lewis
Convention Services, LLC

2900 Black Lake Place
Philadelphia, PA 19154
www.elliottlewis.com
Main: (215) 698-4400
Direct: (215) 698-4400
Fax: (215) 402-1002

Credit Card Authorization

Date: _____

Company Name: _____

Authorized Cardholder (Print): _____

Cardholders Signature: _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Do you issue purchase orders? ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Billing Information:

Name: _____

Address: _____

City & State: _____

Phone: ( ) -

Fax: ( ) -

Email:

Invoices	Amount	3.5% Handling Fee	Total
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**
		$0.00	**$0.00**

Special Instructions (i.e. run through separately, or consolidate invoices):

The completed form electronically, print and fax to: Credit Department, (215) 402-1002

All information provided is confidential