



**2495 S. Delaware Street**  
**San Mateo, CA 94403**  
**TEL: 650-574-3247**  
**FAX: 650-574-3985**

## CREDIT CARD AUTHORIZATION FORM

Name/Organization Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby authorize the San Mateo County Event Center to process a credit card payment in the amount of \$ \_\_\_\_\_.  
For the purpose of \_\_\_\_\_.  
I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction.

\_\_\_\_ MASTERCARD

\_\_\_\_ VISA

Name as shown on Card:

\_\_\_\_\_

Card Number: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

Zip Code of the Card's Billing Address: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorize Signature: \_\_\_\_\_

Print name of Authorizes Signature: \_\_\_\_\_