



PENTICTON TRADE AND CONVENTION CENTRE

Credit Card Authorization

DATE:

COMPANY NAME:

CONTACT NAME:

COMPANY ADDRESS:

CITY:

PROVINCE/STATE:

POSTAL/ZIP CODE:

PHONE:

CELL:

EMAIL ADDRESS:

EVENT NAME:

EVENT DATE:

BOOTH # (IF APPLICABLE):

Payment Method



NAME ON THE CARD:

CARD NUMBER:

CARD EXPIRY DATE:

Approved Amount

\$

All calculations must be input manually.
Completed forms can be emailed to
kristine.witkowski@penticton.ca

Cardholder Signature: _____

