



1801 Bush River Rd, Columbia SC29210  
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803-724-4662

## Authorization for Credit Card Use

\*\*This portion of the form to be contained in a secured location\*\*  
\*\*This portion of the form will be shredded upon the completion of your rental\*\*  
\*\*This form IS required even if you expect to pay cash\*\*

**Rental Space:** **Robinson Ballroom**

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

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

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

CVV: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

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

Amount to Charge: \$ \_\_350.00\_\_\_\_ (USD)

**Please Note: A copy of the credit card front and back must be attached.**

I authorize The Gala Event Center to store and charge the amount listed above to the credit card provided herein for any damages/incidentals as a result of my rental of The Gala Event Center not to exceed the listed amount above. If damages exceed the amount listed above the client will be responsible for the remaining charges. In conjunction with HIPPA all card information will be confidentially kept in a secure location. Only authorized personal will be able to access this information and will be shredded after the event.

### **Cardholder – Please Sign and Date**

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_