

537 Clemson Road, Columbia SC 29229 <u>www.theGalavenues.com</u> / <u>info@theGalavenues.com</u> 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:	The Gwynn Event Center
Name on Card:	
Credit Card Type:	Visa Mastercard Discover AmEx
Card Number:	
Expiration Date:	
CVV: (last 3 digits lo	ocated on the back of the credit card)
Full Billing Address:	
Amount to Charge: \$ _	_500.00 (USD)
Please Note: A copy of the	he credit card front and back must be attached.
card provided herein for Center not to exceed the above the client will be a card information will be	nt Center to store and charge the amount listed above to the credit cany damages/incidentals as a result of my rental of The Gala Event be listed amount above. If damages exceed the amount listed responsible for the remaining charges. In conjunction with HIPPA all confidentially kept in a secure location. Only authorized personal will formation and will be shredded after the event.
<u>Cardholder – Please Sigr</u>	and Date
Signature:	
Date:	

Print Name: