



**CREDIT CARD AUTHORIZATION FORM**

**Fax or Mail to:** Gaylord Palms Resort & Convention Center  
Attn: Exhibit Service Representative  
3208 Gaylord Way, Kissimmee, Florida 34746  
(407) 586-2219 Fax (407) 586-2279  
Email to: GPExhibits@gaylordhotels.com

**ADVANCE PRICE DEADLINE - 14 Days Prior to the First Show Day**

Event Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned agree to give Gaylord Palms Resort and Convention Center authorization to charge for the following services: Telecommunications, Long Distance Services, Electrical Service (labor and materials), Compressed Air, Water and Drain, Rigging and Security Services to my credit card. Payment is accepted through exhibit services in the form of VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, DINERS CLUB and Money Order (U.S. funds drawn on U.S. banks only). Florida State Sales Tax (7%) will be applied to all equipment & service orders. **Checks and cash are not accepted.** All credit card payments should include a copy of the front and back of credit card.

I further authorize the following named person(s) to use the below listed credit card to pay of any additional services either in advance or on-site.

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

**Credit Card:**     Visa     MasterCard     American Express     Discover     Diners Club

Credit Card: \* \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name of Cardholder (Print) \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_