



## Credit Card Authorization Form

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

I, \_\_\_\_\_, authorize the Toyota Center to incur charges against the credit card listed for:

For the Following Charges: All Charges \_\_\_\_\_ Cancellation Charges \_\_\_\_\_

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Contact Phone #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

(Please print name and company if applicable)

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

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

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

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

\*\* Note: This form is kept on file.

**Please fax a signed copy of this form  
Attention Accounting to 509-737-3732**

---

For Office Use Only:

Date of Function: \_\_\_\_\_

Catering / Sales Manager: \_\_\_\_\_

Organization: \_\_\_\_\_

Estimated Bill Amount: \_\_\_\_\_

**Toyota Center**  
**7016 W. Grandridge Blvd.**  
**Kennewick, WA 99336**  
Phone: (509) 737-3700