

CREDIT CARD PAYMENT AUTHORIZATION

(Updated 11.6.14)

PLEASE NOTE: ALL CREDIT CARD TRANSACTIONS WILL BE ASSESSED A 4% PROCESSING FEE

Purpose of Payment ☐ Rental ☐ Ancillary Expenses ☐ Other: _____

Event Name: _____ Event #: _____

Licensee/Exhibitor: _____ Booth #: _____

Event Date(s): _____

TO BE COMPLETED BY CREDIT CARD HOLDER

Credit Card Type ☐ American Express ☐ Visa ☐ Master Card ☐ Discover

Amount of Charge: _____

Credit Card #: _____

Expiration Date: _____ SEC Code: _____

Cardholder's Name: _____

Billing Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN
TO EVENT SERVICES AT
Fax: 213.763.6954
eventservices@lacclink.com

Alternatively, payment may be sent via wire transfer:

- **Bank:** Bank of America
- **Account #:** 1453617494
- **ABA/Routing Number:** 26009593
- **Swift Address:** BOFAUS3N
- **Account Name:** AEG Management LACC, LLC