



CAPITOL SQUARE
REVIEW AND
ADVISORY BOARD

CAPITOL SQUARE REVIEW AND ADVISORY BOARD CREDIT CARD AUTHORIZATION FORM

I _____ authorize the Ohio Statehouse to charge my credit card for all event charges upon my request.

PAYMENT

EVENT NAME

EVENT DATE

VISA

MASTERCARD

AMEX

DISCOVER

CREDIT CARD NUMBER

EXPIRATION

CARDHOLDER'S SIGNATURE (BELOW)

3-DIGIT SECURITY CODE

Billing information as it appears on the credit card statement

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

Address and signature must be complete in order for this credit card authorization to be valid. Please ensure that the signature on the card is legible.