

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **ACCOUNTING DEPARTMENT** at **(650) 259-6565**

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)
 Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Exhibitor Information

Event Name: _____

Event Date: _____

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

Approved Charges

EXHIBITOR SHIPPING AND PACKAGE HANDLING FEES:

ITEM	PRICE	QUANTITY
<input type="checkbox"/> Packages	\$10.00 Each	_____
<input type="checkbox"/> Pallets/ Oversize Boxes	\$100.00 Each	_____

I certify that all information is complete and accurate. I hereby authorize **SAN FRANCISCO AIRPORT MARRIOTT** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____