



UNIVERSITY AREA  
1901 EMMET STREET  
CHARLOTTESVILLE, VIRGINIA 22901  
PHONE: (434) 977-7700  
FAX: (434) 296-2425

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## CREDIT CARD AUTHORIZATION

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Name of Cardholder \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

I hereby authorize the use of my credit card to pay for the specified charges incurred by the following person(s):

Name(s) \_\_\_\_\_

During the Period: From Date \_\_\_\_\_ To Date \_\_\_\_\_

Authorized Charges to include (Please check below):

\_\_\_\_\_ Lodging Rm & Tax \_\_\_\_\_ Incidentals (Meals, Movies, Laundry, Phone, etc.)

\_\_\_\_\_ Catering Food & Beverage \_\_\_\_\_ Mtg Room Rental \_\_\_\_\_ AV/Equip Rental

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

**A legible copy of the credit card, both front and back, as well as a copy of a valid driver's license or state identification card must accompany this form.**

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