



650 Okeechobee Boulevard, West Palm Beach, FL 33401  
Office 561-366-3000 • Scan & Email to: 561-366-3024

**EXHIBITOR SERVICES CREDIT CARD CHARGE AUTHORIZATION**  
(Please Print)

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Left Blank*

*For Credit  
Card Receipt*

Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Card Billing Street Address: \_\_\_\_\_  
Card Billing City, State & Zip: \_\_\_\_\_  
Card Type:  American Express  Visa  MasterCard  Discover  
Card Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
CSV Code (3 Digits on Back of Card): \_\_\_\_\_  
Telephone: \_\_\_\_\_

**GLOBAL SPECTRUM**

Reason for Charge:  Rent Deposit  Event Invoice or Estimate Payment

Amount Authorized \$ \_\_\_\_\_

I herby authorize **Global Spectrum** as Managing Agent for the Palm Beach County Convention Center to apply all charges for services rendered or which may be incurred by the above company or individual on my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVATIONS FOOD SERVICES**

Reason for Charge:  Food & Beverage Deposit  Food & Beverage Invoice Payment

Amount Authorized \$ \_\_\_\_\_

I herby authorize **Ovations Food Services** as food and beverage provider for the Palm Beach County Convention Center to apply all food and beverage charges incurred by the above company or individual on my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_