

CENTRAL RESERVATIONS CREDIT CARD AUTHORIZATION FORM

Organization Name:		
Authorized Signer Name	(as it appears on credit card):	
Billing Address:		
City:	State:	Zip:
Credit Card Type: Visa	MasterCard	
Credit Card Number:		
Expiration Date: Month:	Year: CVV # (3-digits on b	pack of Credit Card):
Authorize Signer – Plo	ease Provide Copy of Valid Driver Li	cense or State Identification Card
	Amount To Be Charged: \$_	
Event Venue:	Event Date:	Event Time:
	KLAND/OPRYD to charge the agreed at I will pay for this purchase in accord	•
Print Name:		
Signature:		Date:

Sign and Return Completed Form via Email: cru@oaklandca.gov