

**Credit Card Authorization
Willis Conference Center**

ORGANIZATION NAME _____ INVOICE # _____

I AUTHORIZE A CHARGE TO MY CREDIT CARD IN THE AMOUNT OF:

_____ \$ _____

TODAY'S DATE _____

CREDIT CARD _____ NUMBER _____ EXP. DATE _____

SECURITY CODE _____ BILLING ZIP CODE _____

CARDHOLDER NAME _____ CARDHOLDER'S SIGNATURE _____

**Willis Conference Center accepts Visa, MasterCard & American Express for payment of invoices up to \$5,000.00. On invoice totals over \$5,000, a 5% service fee will apply to the balance over \$5,000.*

Please return to: Marianne Denault
Willis Conference Center
26 Century Boulevard
Nashville, Tennessee 37214
Fax (615) 872-6429