

**Mission Bay Conference Center At UCSF**  
**1675 Owens Street San Francisco, CA 94143-3008**  
**Fax # (415) 514-4675**

**Credit Card Authorization**

I, \_\_\_\_\_, authorize charges to my credit card.

I certify I am an authorized signatory for the listed credit card account.

**Group Name:** \_\_\_\_\_ **Event Date / Invoice #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Credit Card Holder:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

I hereby authorize Mission Bay Conference Center at UCSF to reserve credit against the credit card indicated above as a guarantee of payment. Mission Bay Conference Center at UCSF has permission to charge the balance due to this credit card.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date