

**Credit Card Authorization Form**

Event: \_\_\_\_\_ Booth/Room: \_\_\_\_\_

Date: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Contact Email: \_\_\_\_\_

**Charges and Payments:**

Under this Credit Card Charge Authorization, You authorize Integrated Business Solutions of Hawaii, Inc to charge your credit card for all costs described below. An itemized invoice and receipt will be emailed to the address provided below once charged.

You are responsible for all aforementioned costs as well as agree to pay attorney fees, collection fees, court costs and any other expenses incurred in collecting any charges otherwise in enforcing the terms of this agreement.

**Authorized Items:**

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ \_\_\_\_\_  
 Credit Cardholder's Authorized Signature Date

Credit Card Type (circle one):	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express		
Credit Card Number	Expiration Date	CVC Code	
Cardholder's Name			
Company Name			
Credit Card Billing Address	City	State	Zip Code
Cardholder's Telephone Number	Cardholder's Email Address		

**Office Locations:**

**Integrated Business Solutions of Hawaii Inc.**  
 99-1046 Iwaena St. Aiea HI 96701

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