KEMP AUTO MUSEUM
mercedes & other fine motor cars

# Credit Card Authorization Form

**Credit Card Type:** ❒ **Visa** ❒ **MasterCard** ❒ **American Express**

**Amount of Charge/Hold:** _____

**Credit Card Number:** _____

**Credit Card Expiration:**_____ **CVV Code (3-4digits)** _____

**Cardholder Name:**_____

**Credit Card Billing Address:**_____
**Address**

_____
**City** **State** **Zip Code**

**Please indicate how you would like for the Kemp Auto Museum to use the credit card you have provided:**

- ❒ **Facility Rental (Deposit Only)**
- ❒ **Catering (Deposit Only)**
- ❒ **Please charge all event-related expenses to this card**
- ❒ **Please use this card as payment security only and invoice me for all event-related expenses**

**Terms and Conditions:**
The Kemp Auto Museum requires that a valid credit card be provided upon booking an event. This card will be held as security for payment and will only be charged in cases where it has been indicated or there has been non-payment on an account for greater than 30 days. A museum reservation cannot be confirmed without a valid credit card on file.

**Authorization:**
I hereby authorize the Kemp Auto Museum to use the credit card provided as indicated above. I understand that by signing this credit card authorization form that all charges as I have indicated will be placed on this credit card.

_____ _____
Signature of Cardholder Date

**Complete form and return to:**
Allison Hershberger
Director of Meetings & Events
The Kemp Auto Museum
16955 Chesterfield Airport Road
Chesterfield, MO 63005
Phone: (636) 537-1718
Fax: (636) 532-1221