

**MS e-Center @JSU  
CREDIT CARD AUTHORIZATION**

**Event Name:**

**Event Date:**

**Salesperson:** Brenda Manuel

I hereby agree that all charges incurred by MS e-Center @JSU for the above event will be charged to my credit card as shown below:

**CREDIT CARD INFORMATION**

**Type of Credit Card:** \_\_\_\_\_

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

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

**Card Security Code:** \_\_\_\_\_

**Name That Appears On Card:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Cardholder's Billing Address:** \_\_\_\_\_

**Cardholder's Phone:** \_\_\_\_\_

*Please return this form to:*

Brenda Manuel  
brenda.manuel@msecenter.com

MS e-Center @JSU  
1230 Raymond Road  
Jackson, MS 39204

For Office Use Only:

**Processed By:**

**Date:**