



247 24th Street, Ogden, UT 84401
Phone: 801-627-1190

GROUP AND MEETING CREDIT CARD AUTHORIZATION FORM

Please complete the following Authorization Information and
Return to Fax Number 801-395-2060

Your Name: _____

Company Name: Weber State University

Phone Number: _____

Card Billing Address: _____

Last Four Digits of Card Number: _____ Exp: _____

Name as it appears on the card: _____

Email Folio to: _____

I authorize the above charges to my credit card and understand that some charges are subject to sales tax and service charges.

Signature

Date