



Credit Card Payment Authorization

Company/Individual Name _____
Billing Address _____ City _____
State _____ Zip Code _____ Phone _____

The undersigned customer hereby authorizes **Premiere Events** to charge the credit card below for payment for Order #_____. The undersigned understands that the same terms and conditions normally governing the use of the designated credit card apply to this use as well.

The undersigned customer represents the he / she has the authority to request that charges be applied on the designated card without dispute.

Credit Card Type Visa _____ MC _____ Discover _____ AmX _____
Credit Card Number _____
Exp Date _____ Security Code _____ Billing Zip _____
Signature _____
Printed Name _____

You may remit this form via fax to: (512)292-4066 (PE South)
(512)284-9743 (PE North)

Consultant Use Only: Consultant Initials: _____
Date card was processed _____ Amount \$ _____

