

# CREDIT CARD AUTHORIZATION



EVENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

VENDOR NO. \_\_\_\_\_

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PLEASE COMPLETE THE FOLLOWING INFORMATION AND  
RETURN ALONG WITH A COPY OF BOTH FRONT AND BACK  
OF THE CREDIT CARD. FAX TO 702-535-5440.

NAME OF CARDHOLDER \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME OF GROUP/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_

AUTHORIZED IN THE AMOUNT OF \$ \_\_\_\_\_

**SIGNATURE AUTHORIZATION FOR CHARGES AS OUTLINED ABOVE:**

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CARDHOLDER

DATE