PAYMENT CARD AUTHORIZATION

Return forms to: Diana Colombo

Phone: 702-791-7870 **Fax: 702-669-6396**

TRANSACTION INFORMATION:

GROUP NAME:_____

DATE OF FUNCTION:_____

POSTING NUMBER:_____

(Internal Office Use Only)

PAYMENT CARD VERIFICATION:

AUTHORIZATION NOTE: *I authorize and acknowledge that all of the charges below will be processed to my payment card as detailed below. I understand that an additional amount might be authorized for incidentals. (If using a* ***Debit Card*** *, please be advised that this authorization may affect your checking account until final settlement of transaction). Payment Card Industry regulations prohibit merchants from requiring or making copies of your credit / debit cards.*

☐ American Express ☐ Discover ☐ MasterCard ☐ VISA ☐ Diners Club ☐ JCB

***Last four digits of credit card number:** | | | | |

*Cardholder's Full Name:	*Cardholder's Signature:		
*Cardholder's Billing Address:	*City:	*State:	*Postal Code:
*Telephone Number:	Fax Number:	E-mail Address:	

***FULL PAYMENT CARD NUMBER:**

***EXPIRATION DATE:**

** REQUIRED FIELDS*