



PAYMENT CARD AUTHORIZATION

Return forms to: Tammi Booth

Phone: 702-791-7157 Fax: 702-669-4550

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*