



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

Card Type: Debit _____ Credit* _____

*a 3% credit card processing fee will be added

Visa _____ MC _____ Discover _____ Amex _____

Card Number _____

Exp Date _____ Security Code _____ Billing Zip _____

Signature _____

Printed Name _____

You may remit this form **via email to your consultant** or fax to:

(512) 292-4066 (PE South)

(512) 284-9743 (PE North)