

C2 EVENT VENUE

GELS CO., INC. DBA VILLAGE C&C

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

INFORMATION

Purpose: _____

I authorize a charge against my credit card for the follow amount \$ _____

I authorize any remaining balances that have been incurred prior to or during my event to be charged against my credit card if unpaid after the event date of:

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

Form Version: 2012-1