



# CREDIT CARD AUTHORIZATION FORM

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date MM / YY CSV \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Number \_\_\_\_\_

Registration Total: \_\_\_\_\_

Admission Tickets Total: \_\_\_\_\_

Sub Total: \_\_\_\_\_

4% Processing Fee: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

I hereby agree to have my card charged the total amount as listed above including the 4% processing fee.

Card Type: \_\_\_\_\_ Cardholder Signature \_\_\_\_\_