



Please E-Mail to [David@Movin-Tunes.com](mailto:David@Movin-Tunes.com) or Fax to: (760) 269-3597

## Credit Card Authorization

### CARD HOLDER INFORMATION

Event Date

Card Holder Name

Credit Card Billing Address

Street Address

City State Zip

E-Mail: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

### PAYMENT TERMS

I hereby authorize Movin-Tunes to charge my credit card for Entertainment Services in the amount shown below. The issuer of this card is authorized to pay the amount shown upon proper presentation. I agree to pay said amount subject to, and in accordance with, the agreement governing the use of such card.

Amount to Charge

- Reservation Fee
- Balance Payment
- Full Amount

### CREDIT CARD INFORMATION

Credit Card Number

Expiration Date

3-Digit Security Code



### AUTHORIZATION

Card Holder Signature

Printed Name

Today's Date