

PAYMENT AUTHORIZATION FORM



Date of Event _____

Name/ Organization: _____ Contact Person: _____

Address: _____ City: _____ ST _____ ZIP: _____

Phone number: _____ Email: _____

PAYMENT INFORMATION:

Debit or Credit Card Information:

Name on Card: _____

Organization: _____

Address: _____ City: _____ ST _____ ZIP: _____

Visa _____ MasterCard _____ Discover _____

Card Number: _____ Exp. Date: _____ CVS: _____

IMPORTANT:

This card will be used to pay the balance due 15 days prior to your event.

This Card will be used to pay the Damage/Cleaning Fee should the space not be left in the condition it was found in.

Signature: _____ This is a PHONE AUTHORIZATION: ____ Yes ____ No

*Please do not include your Credit or Debit Card NUMBERS on this FORM if you are faxing or emailing to us.
Just **sign your name** and Connections on High will call you to get this information to protect your data.*