

Ultimate Events, Inc.

CREDIT CARD AUTHORIZATION

I, _____
(SIGNATURE REQUIRED)

OF _____
(COMPANY)

I do authorize Ultimate Events to charge the outstanding balance to my credit card account. I also agree that I will not initiate any dispute on this charge in the future.

NAME (AS IT APPEARS ON CARD)

VISA, MASTERCARD and AMEX

PLEASE SIGN THE RECEIPT AND FAX BACK TO COMPLETE THE RESERVATION.

California-Utah- FAX: 866.937.5526 or email to

Sylvia.ultimateevents@gmail.com

Credit Card # _____

Expiration Date: _____ Zip Code: _____

Amount: \$ _____ 3-4 Digit Security Code: _____

Authorized Future Payments: \$ _____, date _____; \$ _____, date _____

COMPLETE MAILING ADDRESS WHERE INVOICES ARE RECEIVED

COMPANY: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

UT Office: PO Box 986; Riverton, Utah 84065 Phone: 801.571.9012 Fax 866.937.5526