



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize Creative Nightclubs, LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. No refunds or exchanges allowed. Custom made product for clients specific needs.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Please Fax Completed form to: Creative Nightclubs, LLC (321) 806-3507