



CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I agree to pay for the follow charges on my: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card #: _____ Expiration Date: ____ / ____ CVV2/V-Code: _____

Card Issuing Bank Phone #: _____

Invoice/Order #: _____

Event	Ticket Location/Package Type	Qty	\$ Amount
<input type="checkbox"/> If this box is checked I authorize my products be shipped to an alternate address. This authorized ship to address is: _____ _____			Service Fee Delivery TOTAL

Will Call & Local Pickups ONLY:

If this box is checked I authorize my products to be picked up or left at will call for someone other than myself. The person I authorize to pick up my products on my behalf is:

I agree to pay the total amount listed above according to card issuer agreement. I am the authorized user of the credit card number listed above. My name is embossed on this credit card.

Card Holders Name: _____

Card Holders Signature: _____

Date: _____

Scan and email to info@premiumseatsusa.com -or- fax to 954-342-3840 with a copy of a government issued ID and the credit card listed above (blocking all numbers on card except the last 4 is acceptable).