

Credit Card Authorization Form

The Lakeland Center

Please submit a completed credit card authorization form, make a legible photo copy of the credit card (front & back) and fax to 863-834-8101. All costs for goods and or services as indicated in your Agreement, Addendums, Service Order Confirmations or other documents, that are incurred before or during or after your event will be charged to the card listed below.

Name on Card: (PRINT) _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Type: American Express Discover MasterCard Visa

Billing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Agreement/Event #: _____

Name of Event: _____

Event Date: _____

I, the undersigned cardholder, hereby authorize my credit card to be used as indicated here.

Printed Name: _____

Cardholder Signature: _____ Date: _____

Company Name & Title: _____

For internal use only:

Processed by: _____ (Print Name) Initialed By: _____

Amount Authorized: \$ _____ Authorization Number: _____