

Credit Card Authorization Form



For security reasons, this form should not be sent via e-mail. Please fill out and send this completed form via fax or U.S. mail.

Fax to (317-245-2445)

OR

Mail to: PO Box 56-1154

Miami, FL 33256-1154

I am electing to pay for my invoice with a credit card. My card information appears below.

Event Name: _____

Company Name: _____

Cardholder Name (as it appears on card): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ (circle one) **mobile work home**

Email: _____

Card Type (check one): VISA MC

Card Number: _____

Exp. Month/Year: _____ **CVV Code:** _____

Amount to charge: _____

Cardholder Signature

Date

Reminder: Do not send this form via email. Please print and fax to (305) 252-3235 or send via U.S. mail Continental Event and Sports Management Group LLC at PO Box 56-1154, Miami FL 33256-1154.