



CREDIT CARD AUTHORIZATION FORM

Event: _____

Date of Event: _____

Name: _____ (Please Print)		
Company: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: ()	Fax: ()	

- Please charge my credit card for the 50% deposit upon receipt of this form.
- I authorize Total Events to charge the remaining balance to my credit card 48 hours prior to event.

Note: Any charges for damaged or missing items will be charged to credit card.

- MasterCard Visa American Express

Account Number: _____ Expires: ____/____

Signature: _____ **Date:** _____

Billing Address: _____ (If different from above)		
City: _____	State: _____	Zip: _____

Internal Use Only		
CC Initials: _____	Date: _____	Authorization Code: _____
QB Initials: _____	Date: _____	

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