

Classic Center Use:

EVENT ID: _____



300 N Thomas St Athens, GA 30601 706-208-0900
Phone Toll Free 1-800-918-6393 Website www.classiccenter.com

THE CLASSIC CENTER - CREDIT CARD AUTHORIZATION FORM

For Deposits: Please complete and return this authorization form to The Classic Center along with a signed License Agreement (contract) in order to confirm the event.

EVENT INFORMATION:

Event Name: _____ Event Date: _____
Event Contact Name _____ Phone Number: _____
Payment Amount: \$ _____

CREDIT CARD INFORMATION:

Name on Credit Card: _____
Credit Card Billing Address: _____
City/State/Zip Code: _____
Credit Card Holder's Phone Number: _____
Credit Card Holder's Email Address: _____

By signing below I acknowledge and agree to the following:

The Classic Center may use the credit card information above to process charges associated with this event. The Classic Center will debit the deposit amount listed above immediately after receiving this authorization form. Should I wish to pay for final additional charges via alternate method, I must notify my event planner in writing no later than three (3) business days prior to my event start date.

After final payment is confirmed, this authorization form will be destroyed.

SIGNATURE OF CARDHOLDER: _____

TYPE OF CARD: _____ VISA _____ MASTER CARD _____ AMERICAN EXPRESS _____ DISCOVER

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____ SECURITY CODE: _____
(MM/YY)

Please detach and shred after credit card has been run.