



## CREDIT CARD AUTHORIZATION FORM

Please complete form and fax to (409) 951-5429.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Chose One:

American Express

Discover

Master Card

VISA

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Authorized Name: \_\_\_\_\_

**By signing this form, you agree to all charges above which will read "SMG – Ford Park" on your Statement.**

If you have any questions, please phone (409) 951-5400. Thank you for your business.