





CREDIT CARD AUTHORIZATION

Date of affair:		Name:		
Location of affair:		Credit Card Holder:		
Billing Address:		City:	State: Zip:	
Please check one of the foll	owing:			
□Visa	☐ Mastercard	Discover	☐ American Express	
Credit Card Number:		Exp. Date:		
3 or 4 Digit Credit Card Security Code:		Payment Amount Authorized: (Non-refundable)		
I, hereby authorize D.J. Tommy' payment is for entertainment se				
Card Holder Signature:		Di	ate:	
Additional Notes:				