



## Credit Card Authorization Form

Card Holder Name: \_\_\_\_\_

Contact Name if different from card holder: \_\_\_\_\_

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

Contact Telephone #: \_\_\_\_\_

Credit Card Type: Mastercard    Visa    AMEX    Discover

Credit Card Number: \_\_\_\_\_

CC Expiration Date (MM/YY): \_\_\_\_\_    CVV: \_\_\_\_\_

Zip Code from Billing Address: \_\_\_\_\_

Amount of Entries/Packages/Tickets: \_\_\_\_\_

4% Administration Fee: \_\_\_\_\_

Total Amount Charged to Card: \_\_\_\_\_

I, the undersigned cardholder, hereby authorize my credit card (listed above) to be used as the method of payment for all charges for the American Star Ball.

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

Submit Entries & Payments to:

American Star Ball – 421 E. Lancaster Ave, Apt #A8, Wayne, PA

AmericanStarBall@gmail.com