



EVENT TECHNOLOGIES

A Freeman Company

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Credit Card Authorization Form

Group Name: _____

Contact Name: _____

Phone: _____

Date of Event: _____

I hereby authorize Encore Event Technologies to post charges for my event(s) to the credit card account listed below. I also authorize that should there be any on-site additions before, during, and after the event, Encore Event Technologies to use their discretion to add the necessary charges.

Credit Card Type: _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Signature: _____

Today's Date: _____

Amount of Charge: _____

Please note: Final Bill will not be available in its entirety until 5 days after completion of event.

Should you like a copy of the final receipt, please write your email address below.

Email Address: _____