



Credit Card Authorization Form

F1201.01B

To provide credit card information, please Call 313-471-7781 or Fax 313-731-2023

Do Not Email

BUSINESS CONTACT INFORMATION

TODAY's DATE:		EVENT DATE:	
COMPANY/INDIVIDUAL NAME:		SUITE NUMBER :	
PHONE:	FAX:		
COMPANY/INDIVIDUAL ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT NAME:			

CREDIT CARD INFORMATION

NAME OF CARD HOLDER:							
LAST FOUR DIGITS OF CREDIT CARD NUMBER:							
<table border="1" style="margin: auto;"> <tr> <td style="width: 40px; height: 20px;">_</td> <td style="width: 40px; height: 20px;">_</td> <td style="width: 40px; height: 20px;">_</td> <td style="width: 40px; height: 20px;">_</td> <td style="width: 20px;">EXP:</td> <td style="width: 100px; height: 20px;">_____</td> </tr> </table>		_	_	_	_	EXP:	_____
_	_	_	_	EXP:	_____		

***PLEASE NOTE:** ENTER FULL CARD NUMBER AT BOTTOM OF PAGE.

CARD TYPE:	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
	<input type="checkbox"/> COMPANY CREDIT CARD	<input type="checkbox"/> PERSONAL CREDIT CARD		

AGREEMENT

- This information is required for Credit Card Authorization and must be returned with signed contract.
- I authorize **Detroit Sportservice** to charge the above named account for the charges listed below:

Pre Order and additional purchases made by host

Pre Order only; No additional items

- I agree to pay the above total amount according to card issuer agreement.

SIGNATURE: _____

Title:

Date:

FULL CREDIT CARD NUMBER: _____

EXPIRATION: __ / ____ CVV: _____



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I understand that the credit card information will be used during the 2023-2024 year at Little Caesars Arena for all products and services provided by Delaware North Sportservice. Delaware North is a premium dining service, concession and retail company servicing the clients of the Detroit Red Wings and the Detroit Pistons.

The following individuals have been authorized to use this card in my absence:

_____	_____
_____	_____
_____	_____
_____	_____

Print Name: _____ Date: _____

Signature: _____

**Required in advance for Delaware North services