



*** FOR LEGENDS OFFICE USE: ***

CHECK HERE FOR A PGL _____
Event name

2023 Suite Credit Card Authorization Form

SUITE INFORMATION	Suite #:	_____
	Company/ Name:	_____
	Contact Name:	_____
	Phone:	_____
	Email:	_____

AGREEMENT: PLEASE READ, INITIAL AND SIGN

Please email this authorization to your Legends Suite Coordinator and provide your card number VIA PHONE ONLY. Suite catering charges will appear on your credit card statement as "Dallas Cowboys Suites".

I, _____ authorize the use of the credit card described above
(print name)

to be charged for Suite products and services provided by Legends Hospitality

_____ I have received and read a copy of the 2023 Suite Catering Accounting Procedures. *(n/a if PGL)*
initial

_____ I have provided a tax exemption certificate, if applicable. I acknowledge I cannot receive a refund of tax paid if I do not provide a tax exemption certificate prior to an event.
initial

_____ I am financially responsible to pay 100% of the final bill and a penalty may apply for late cancellations. I understand there will be no changes made to my chosen payment method after an event unless it is a Legends error.
initial

_____ I understand that it is the Suite Holders/Occupants responsibility to retain receipts for expense records, including receipts provided for Advanced Day and Event Day Orders. Paper receipts will not be mailed post event.
initial

_____ I understand that, per my contract, the card on this form will be processed for unresolved balances after an event. If applicable, it is then my responsibility to negotiate reimbursement with my guest/sublessee as Legends does not handle third party collections. *(n/a if PGL)*
initial

Print Name

Signature

_____, 20 ____
Date