

# Credit Card Authorization Form

KeyBank Center Suites

TODAY'S DATE: _____		EVENT DATE: _____	
WILL THIS CARD BE USED FOR EVERY GAME THIS SEASON?    YES    NO			
IF NO, WHAT DATE(S) WILL IT BE USED FOR? _____			
<b>BUSINESS CONTACT INFORMATION</b>			
SUITE NUMBER (Leave blank if you do not know or do not yet have a suite number assigned): _____			
NAME OF COMPANY OR INDIVIDUAL(S) :			
PHONE:		EMAIL:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
CONTACT NAME:			
<b>CREDIT CARD INFORMATION</b>			
NAME OF CARD HOLDER:			
<b><u>PLEASE NOTE:</u> ENTER FULL CARD NUMBER, EXPIRATION DATE, AND CVV AT BOTTOM OF PAGE ONLY IF YOU ARE FAXING THIS FORM!</b>			
<b>AGREEMENT</b>			
I authorize Delaware North Companies / Buffalo Sportservice to charge the above named credit account for food and beverage charges including administrative charges and sales taxes.			
<b>In addition to me, the following individuals may place either pre-orders or event day orders that will be paid for with the above noted card:</b>			
1			
2			
3			
4			
5			
<b>SIGNATURE</b>			
X _____			
Job Title:		Date:	

CREDIT CARD NUMBER:	EXP DATE:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	CVV: <input type="text"/> <input type="text"/> <input type="text"/>

**PLEASE NOTE: DO NOT EMAIL THIS FORM WITH THE ABOVE NUMBERS FILLED OUT!  
YOU MAY SEND IT VIA FAX TO THE SUITES OFFICE AT 716-855-4105**



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