## **Credit Card Authorization Form**

## ATTN: ubsarenasuites@delawarenorth.com



	Game Date(s):	
	Card Holder's Name:	
	Card Holder's Email:	
	Credit Card #:	
	Expiration Date:	
	cvv:	
Billin	ng Address:	
1.	This information is required for Credit Card Authorization and must be returned.	ned
	with signed contract. 2. I authorize Sportservice/Stadium Food and Beverage	to:
	charge the above-named account for the charges listed below: List Charges: S	ee
	attached 3. I agree to pay the above total amount according to card issuer	
	agreement.	
Print	Name:	
Δuth	orized Sidnature	