

MASTER SUITE INFORMATION FORM

Complete the below information to create an authorized signer(s) who will have permission to purchase food and/or beverages with the provided credit card on the day of the event.

Suite Holder Information

Suite #: _____

2024 Season or Event Date: _____

Company Name _____

Contact Name _____

Phone _____

Game Day Phone Contact _____

Address _____

City, State, Zip _____

Email _____

Accounts Payable Information

Invoice information same as above

Contact Name _____

Phone _____

Billing Address _____

City, State, Zip _____

Guarantee of Payment

VISA MasterCard American Express

Card Holder's Name _____

Credit Card # _____

Expiration Date _____

Security Code _____

Would you like to keep this card on file for the event?

NO, guests will provide their own card

YES, leave card on file

If yes, please list authorized signers below.

Authorized Signers for Event Day Purchases:

I hereby authorize Epicurean Entertainment, LLC. to apply charges to my credit card for food, beverage &/or services rendered to the above listed Executive Suite. I understand that any **MISSING OR DAMAGED** equipment or goods will be billed to the above listed Executive Suite after each game. All prices are subject to 20% Administrative charge and sales tax.

Card Holder's Name _____

Card Holder's Signature _____

Date _____

EPICUREAN
SPORTS

Please return via facsimile or email to:

Epicurean Sports
1801 Bryant Street, Suite #600, Denver, CO 80204
Direct: 720 258 3568 Fax: 720 258 3588
stadiumsales@epicureangroupco.com

