

Southeast Hollows Haunt Convention

## **One Time Credit Card Authorization Form**

Sign and complete this form to authorize **Ron's Haunted Hollow** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

CARDHOLDER INFORMATION						
Company /Name:						
Billing Address:						
City/State/ZIP:						
Phone or Email:						
Date:						
CREDIT CARD INFORMATION						
Account Type:	Visa	MasterCard				
	American Express	Discover				
Cardholder Name:						
Account Number:						
Expiration Date: mm/yyyy						
CVC(3 or 4 digits):						
VERIFICATION						
Signature:						
Date:						
Payment purpose:						
	med business to charge the					

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the purpose stated above, for the amount indicated above only, and is valid for one-time use only.