



**AUTHORIZATION TO CHARGE  
CREDIT CARD**

Instructions:

- 1. Complete all parts of the form by printing legibly with a dark pen.
- 2. The credit card holder must sign on the line indicated.
- 3. Fax to 954-771-7045.

I, \_\_\_\_\_, hereby authorize Florida Renaissance Festival, Inc. to charge my credit card in the amount of \$\_\_\_\_\_.

**Credit Card Information**

MasterCard       Visa       American Express       Discover

Name as it Appears on the Card: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name of Company/Vendor: \_\_\_\_\_

Billing Address with zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Confidential Information** - This portion below the dotted line will be shredded upon payment processing for our clients' security. Top portion will be retained for our records.

Card Number: \_\_\_\_\_