



CREDIT CARD AUTHORIZATION

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

FAX #: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_

Instructions:

1. Complete the entire remittance form at the bottom of page.
2. Place Drivers License in box to the right and photo copy.
3. Fax back to the Special Events Department (No cover sheet required) at (760) 391-4173.

Place Driver's License here and photo copy this entire sheet.

PLEASE COMPLETE THE FOLLOWING:

CARDHOLDER NAME: \_\_\_\_\_  
PLEASE PRINT CLEARLY

CARDHOLDER SIGNATURE: \_\_\_\_\_

VISA       MASTER CARD      EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_