2019 Suite

***\*\*\* FOR LEGENDS OFFICE USE: \*\*\****

❑ CHECK HERE FOR A PGL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event name

Credit Card Authorization Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Suite Information** | Suite #: | |  |  | | |
| Company/ Name: | |  | | | |
| Contact Name: | |  | | | |
| Phone: | |  | | | |
| Email: | |  | | | |
|  | | | | | | |
| **Credit Card Details** | Card Type: | | Amex Discover MasterCard Visa (circle one) | | | |
| Card #: | |  | | | |
| Expiration: | | / | Security Code: |  | (MC/V: 3 digits/ Amex: 4 digits) |
| Name on Card: | |  | | | |
| Card Billing Address: | |  | | | |
| City, State, Zip: | |  | | | |
|  | | | | | | |
| **Agreement: Please read, initial and sign** | | | | | | |
| Please email this authorization to your Legends Suite Services Coordinator. Suite Catering charges will appear on your credit card statement as “Pepsi Center Suites “ .  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the use of the credit card described above  (print name)  to be charged for Suite products and services provided by Legends Hospitality | | | | | | |
|  | |  | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_  initial | | I am financially responsible to pay 100% of the final bill and a penalty may apply for late cancellations. | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_  initial | | I understand that it is the Suite Holders/ Occupants responsibility to retain receipts for expense records; this includes receipts provided for Advanced Day and Event Day Orders. In efforts to “Go Green”, paper receipts will not be mailed post event. | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_  initial | | I understand that per my contract, the card on this form will be processed for unresolved balances after an event. If applicable, it is then my responsibility to negotiate reimbursement with my guest/ sublessee as Legends does not handle third party collections. | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_  Signature Date | | | | | | |