



CREDIT CARD AUTHORIZATION FORM

Dear Sir/Madam,

We ask you to please sign and date the form before submission. Please email, fax, or mail the completed form with your agreement. Firme y feche antes de enviar por fax, correo, o email.

CARDHOLDER INFORMATION

Name as it appears on the credit card:

Card type: ☐ Visa ☐ Master Card

Card type: ☐ Individual (personal credit card)

☐ Corporate Company Name:

Account number: Exp date:

Address:
(where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

GUEST INFORMATION

Guest name:

Guest name:

Guest name:

Arrival date: Departure date:

GUEST INFORMATION

☐ Registration ☐ Advertising ☐ Golf

I certify that all information is complete and accurate. I hereby authorize World Boxing Organization to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)

Cardholder signature: Date: