



Credit Card Authorization

Date of Event _____ Date of Payment _____

Credit Card Information

Name on Card: _____

Billing Address: _____

Billing Zip Code: _____

Type of Card: _____ Exp Date: _____

CVS Code: _____

Card Number: _____

Payment Amount: _____

I authorize Nola LTD., dba. 2616 Commerce Event Center to charge the credit card above for the payment amount listed. I understand this is a non-refundable payment and is non-disputable.

Signatures:

Client: _____ Date: _____