



## **CREDIT CARD AUTHORIZATION**Please fax this form for your privacy to 870-535-4867

YOUR PBCC Event Number						
CREDIT CARD A	UTI	HOR		ΓΙΟΝ	<b>FO</b>	RM
A 4% credit card convenience fee will b	<mark>e adde</mark>	e <mark>d to you</mark>	<mark>r total</mark> j	ourchase	<mark>).</mark>	
I, the undersigned authorized the Pine Blu	uff Cor	vention (	Center t	o charge	this cre	dit card
For the agreed upon purchase, including p	rocessi	ing fee, as	descri	ed belov	W.	
Card Type:						
[ ] VISA [ ] DISCOVER	[]	AMEX		[ ] M	ASTE	R CARD
Card Number:						
Print the name as it appears on the card:						
		1				
3-digit number on back of card:		Expi	ration I	Date:	/	
Zip Code associated with credit card:						
Purchase Amount: \$	Card P	rocessing	Fee:	}		
Total Authorized Payment Amount: \$						
Signature:		Date:				

Email: pbinfo.com PHONE: (870)536-7600 FAX (870) 535-4867 (800) 536-7660