

ZAPPAnale.Club – Zappanale Tour Package

Credit Card Authorization Release Form

Please sign and complete this form to authorize the following company to make a two (2) time debit to the credit card that is listed below:

Company Name: RH Woods DBA ZAPPAnale.Club

Address: 18628 Crystal Peak Ct, Reno, Nevada 89508

By signing this Credit Card Authorization Form you are giving the above listed company permission to debit your account for the exact amount that is indicated on or after the date that is listed below. This is permission for one single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the following information:

Name of Customer: _____

I do hereby authorize the above listed company to charge my credit card account that is listed below the following amount: \$_____ on or after ___/___/____.

I do hereby authorize the above listed company to charge my credit card account that is listed below the following amount: \$_____ on or after ___/___/____.

This payment is for the following goods and or services: ZAPPAnale.Club /Zappanale Tour

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Account Type: ___ Visa ___ MasterCard

Cardholder Name: _____

Account Number: _____

Expiration Date: ___/___/____

CW2 (3 digit number on back of Visa or Master Card): _____

Signature: _____ Date: ___/___/____