Ultimate Events, Inc.

2025
CREDIT CARD AUTHORIZATION

I, _____

(SIGNATURE REQUIRED)

OF_____

(COMPANY)

I do authorize Ultimate Events to charge the outstanding balance to my credit card account. I agree that I will not initiate any dispute on this charge. I understand there are no refunds. Initials _____. Receipts will come from "ULTIMATE EVENTS"

_____

NAME (AS IT APPEARS ON CARD)

We accept Visa, Mastercard, American Express
email form to sylvia.ultimateevents@gmail.com

ALL Credit Card Pmts. have a convenience fee of 3.5% added, **Initials____

Credit Card #_____

Expiration Date:_____ Zip Code: _____

Amount: $_____ 3-Digit Security Code:_____

Show(s):_____ Rep:_____

COMPLETE MAILING ADDRESS WHERE INVOICES ARE RECEIVED

COMPANY:_____

NAME: _____

ADDRESS:_____

CITY:_____STATE: _____ _____ZIP:_____

PHONE _____ EMAIL_____
:

Authorized Signature

_____**date**_____