**Copy of ID**

**REQUIRED**

**Copy of Credit Card front and Back**

**REQUIRED**

**Universal Studios June 1st, 2023, FAX Order Form**

**To place your order, fill out the form below with your information, quantity of tickets, signature at the bottom** and FAX to (**623) 295-3669**. All information must match Direct2HR database. Please make sure your personal information is correct and up-to-current. Incomplete order forms & incorrect information will not be accepted and will be discarded without notice. The SCEA will not contact Member regarding issues. SCEA is not responsible for failed FAX transmission or technical difficulties. Resale of tickets is strictly prohibited and can lead to disciplinary action. Please verify with your bank on this charge so it does not decline.

 **If the package is returned, we cannot reship out.** **There is an 8-ticket max per SCEA Member (for this event).**

Please allow 14 business days for processing. A receipt will be emailed to the one written on the form. After 14 business days, please email SCEA.Perfect@albertsons.com for individual requests.

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member’s Shipping Address** (**must match HR list, no exceptions**) **No P O Box**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: CA Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Credit Card (in members name only) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP: \_\_\_\_\_\_\_\_

Security Code (Last 3 digits on the back /AMEX 4 digits on the front of card.): \_\_\_\_\_\_\_

Number of Tickets \_\_\_\_\_\_ at $65.00\_\_ + UPS & Processing $20 = $\_\_\_\_\_\_\_\_\_\_

**As we do not have your card to swipe, please attach a copy of the card holders current Driver’s License for identification purposes and a copy of the front of the actual credit card as proof that this card is yours.**

(REQUIRED), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned hereby states that the above-described credit card is in my name & that I authorize SCEA to charge my card for the above amount. I agree that this purchase is for my personal use and resale of tickets will lead to disciplinary action. Your completion of this authorization form helps us to protect you, our valued member, from credit card fraud. All information on this form will be kept strictly confidential.



“This Event is not sponsored By Albertsons/Safeway Inc. or any of its subsidiaries or Affiliates.

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