

Credit Card Authorization Form

Scotto Brothers

40 Crossways Park Drive, Woodbury, NY 11797

Ph: 516-224-8184 Fax: 516-224-8200

****PLEASE SEND COPY OF FRONT AND BACK OF CREDIT CARD****

Group Information (*credit card to be utilized for*): Casino Night Fundraiser for The Nassau County Firefighters Museum and Education Center on July 27, 2011 at The Fox Hollow, Woodbury, NY

Please provide a breakdown of charges:

TICKETS (qty) _____ X \$100 = \$ _____

JOURNAL AD \$ _____

SPONSORSHIP \$ _____

TOTAL AMOUNT CHARGED = _____

Credit Card Holder's Information:

Credit Card # _____ Exp. Date: _____ CVV #: _____

Credit Card Type: Amex Visa MasterCard

Other: _____ Personal Credit Card: YES NO

Credit Card Holder's Name (*as it appears on credit card*): _____

Credit Card Holder's Signature (*as it appears on card*): _____

Company Name/Corporate Card (if applicable): _____

Are You The Credit Card Holder: YES NO

Credit Card Billing Address: _____

Phone: 1 – () _____ - _____ Fax: 1 – () _____ - _____

Attendees Names:

In signing this document I _____, am stating that all the information provided above is valid and true and that the information provided to Scotto Brothers may be used as described. If in fact Scotto Brothers is unable to utilize the credit card information that has been provided I will provide another means of payment and ensure that payment is made to Scotto Brothers accordingly.

Signature of guarantor (to match above name): _____ Date: __/__/__