



1791 Ridgeview Drive, Allentown, PA 18104, Phone: 484-225-8852, Fax: 610-434-4983

CREDIT CARD DISCLOSURE INFORMATION
Confidential

To protect you and Lehigh Valley SportsFest, Inc., against fraudulent use of credit cards, we require all accounts that wish to pay using a credit card to fill out this form. If you wish to keep additional cards on account, please fill a separate form for each card.

A PHOTOCOPY OF THE CREDIT CARD TO BE USED AND DRIVER'S LICENSE FROM THE CARD HOLDER IS REQUIRED WITH THIS DISCLOSURE FORM.

Company Name: _____ Telephone: _____

Address: _____

Credit Card Number: _____ Expiration Date: _____

Code from Back of Credit Card _____

Name (as it appears on card): _____

Do you want all purchased on this card? YES NO **TOTAL AMOUNT OF PURCHASE** _____

Cardholder Information (as printed on the credit card billing statement):

Name: _____ Telephone: _____

Address: _____

I hereby authorize Lehigh Valley SportsFest to process credit card transactions from the above stated applicant. These transactions will be processed via mail, e-mail, telephone or in person at SportsFest's venue. I understand that I am responsible to inform Lehigh Valley SportsFest of any changes that might occur on this form.

Cardholder's Name

Cardholder's Signature

Date