



Credit Card Payment Authorization

Company/Individual Name _____
Billing Address _____ City _____
State _____ Zip Code _____ Phone _____

The undersigned customer hereby authorizes Event Rescue Services to charge the credit card below for payment for Order # _____. The undersigned understands that the same terms and conditions normally governing the use of the designated credit card apply to this use as well.

The undersigned customer represents that he / she has the authority to request that charges be applied on the designated card without dispute.

Credit Card Type Visa ____ MC ____ Discover ____ AmX ____
Credit Card Number _____
Expiration Date _____ Security Code _____
Signature _____

The information provided will not be shared with any outside vendors, creditors or credit reporting agencies for any purpose, unless information provided is fraudulent and, or if court proceedings or legal action must be taken.

Please email this form to ERSaustin@gmail.com or mail to:

Event Rescue Services
2716 High Point Dr.
Round Rock, TX 78664
512-694-3760