



INVOICE # \_\_\_\_\_

EVENT DATE \_\_\_\_\_

## AUTHORIZATION FORM

**NAME & DATE OF CONCERT:** \_\_\_\_\_

**NAME OF MAIN CONTACT:** \_\_\_\_\_ **NAME OF GROUP:** \_\_\_\_\_

**Name** (as appears on credit card): \_\_\_\_\_

**Billing Address** (associated with credit card):

**Street:** \_\_\_\_\_ **Suite/Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone Number** (including area code): ( \_\_\_\_\_ ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### CREDIT CARD INFORMATION \*

**Please indicate your contact at ATC:**  Paula Zackeru  Ed McCall

Credit Card Type – please circle one of the following:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

**Card Number:**

**Date of Expiration:**  /  **Card Security Code:**

**TOTAL AMOUNT TO BE CHARGED:** \$ \_\_\_\_\_

\*\*Please note that there is a 5% credit card service fee for any partial payments via credit card.

**I authorize ATC to charge the amount as described above.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_