



1920 Swarthmore Ave. Lakewood NJ 08701

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Email: Nj.lakewood@pumpitupparty.com

### Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover    \_\_\_ AmEx

Credit Card Number(last 4 digits only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CID or CVV : \_\_\_\_\_(last 3 digits located on the back of the credit card/4 digits on front for Amex)

I authorize Pump It Up to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Once payment is processed, there are NO REFUNDS, No Returns, No exchanges. All sales FINAL. Payments CAN NOT be transferred or be given back as a credit.

### Cardholder – Please Sign and Date

Amount to Charge (**deposit**): \$ \_\_\_\_\_ (USD) Cardholder Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

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Amount to Charge (**balance**): \$ \_\_\_\_\_ (USD) Cardholder Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

**(for office use only) Date of event** \_\_\_\_\_