



135 Dupont St. Plainview NY 11803

516-575-2300(phone) 516-575-2045(fax)

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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 \_\_\_\_\_