



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

You authorize a single (1) or regularly scheduled charge to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

I, _____ (Customer), authorize **POSH EVENTZ, LLC** (Merchant) to charge my Credit Card,

- ONE-TIME (Single Transaction)
 - RECURRING on the _____ day of each: - Week | - Month | - Year

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, understand that my information will be saved to file for future transactions on my account. *THIS CREDIT CARD MUST REMAIN ON FILE UNTIL THE CONCLUSION OF YOUR EVENT.*

Customer Signature

Date

POSH EVENTZ

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