Entertainment Pro Insurance

Credit Card Authorization Form

Named Insured: _____

Event Name: _____

Effective Date: _____

Payment Amount: _____

Card Holder Name: _____

* CORPORATE CREDIT CARDS (IN THE BUSINESS NAME) PLEASE USE INDIVIDUAL'S NAME*

Phone Number: _____

Billing Address: _____

Billing City/ ST/Zip: _____

Card Type (Circle One) Visa Mastercard American Express Discover

Card Number: _____

Expiration Date: _____

CCV Code (Located on the Back of the Card): _____

Is this a Business Credit Card: Y N

If Yes, please provide your Customer Accounting Code:_____

Customer codes

A customer code (sometimes called "customer accounting code") is a unique number of up to 24 digits to identify that cardholder in the company (usually an employee number, general ledger number, or accounting number). If you cannot get the customer code, leave this field blank. If possible, try to get the customer code because this will help the cardholder's company accounting process and thus indirectly build good will for your business.

Card Holder Signature: _____

Date Signed: _____

PLEASE RETURN THE COMPLETED FORM VIA FAX AT 702-537-3013, OR VIA EMAIL TO: SHARON@ENTPROINS.COM

9645 Padre Peak Ct, Las Vegas, NV 89178
Ph: 702-639-3997 Fx: 702-537-3013