



Credit Card Authorization Form

Event Name \_\_\_\_\_

Artist Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder billing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Ez Event Production to charge \$\_\_\_\_\_ USD to the credit card listed above

Card holder signature: (Must be in handwriting)

\_\_\_\_\_

Today's Date \_\_\_\_\_

The cardholder agrees that Ez Event Production will bill the subscriber's credit card for services rendered. Thank you for your cooperation & your business.

**Ez Event Production**

**11500 W Olympic Blvd #400**

**Los Angeles, CA 90064 310-473-3070 Fax: 310-943-1537**