



Let us Supply your Event Furnishings & Decor!

www.crystalciti.com

3290 Green Pointe Parkway, Peachtree Corners Ga, 30092

678-395-3404

Credit Card Authorization Form

TODAY'S DATE: _____

I _____, As the individual card owner as well as the Customer representative; I hereby authorize this card to be used for the deposit required.

I am fully aware that the amount of _____ will be charged by the company, Crystal Citi LLC/ Vip Seating Events LLC for the required deposit for services or sales.

Credit Card Information:

Name as it appears on the Card _____

Type of Card: Visa _____ Mastercard _____ Visa _____ Discover _____ Amex _____

****CVV CODE**** _____

Credit Card Numbers _____ Exp Date _____

Credit Card Billing Address _____

City _____ STATE _____ Zipcode _____

Telephone no. _____

Customer Representative Signature _____

Date: _____/_____/_____

_____ I hereby authorize this card to be used for the future deposits or final payments for event services by Crystal Citi LLC/ Vip Seating. (Check if Card will be used for Final Payment).

Please attach a copy of a STATE Issued ID of the owner of the Credit card. Signature must be on the form in order to Render Services. This form may be emailed to corporate@crystalciti.com or admin@vipseating.net

Thank you, We appreciate your business.