

Ken Day Enterprises

Please E-Mail Ken@KennethDayWeddings.com or Fax Completed Form to 619-303-8334

Credit Card Authorization

CARD HOLDER INFORMATION

Event Date

Card Holder Name

Credit Card Billing Address

Street Address

City State Zip

E-Mail: _____

Primary Phone #: _____

PAYMENT TERMS

I hereby authorize Kenneth Day to charge my credit card for Entertainment Services in the amount shown below. The issuer of this card is authorized to pay the amount shown upon proper presentation. I agree to pay said amount subject to, and in accordance with, the agreement governing the use of such card.

Amount to Charge

- Reservation Fee
- Balance Payment
- Full Amount

CREDIT CARD INFORMATION

Credit Card Number

Expiration Date

3-Digit Security Code



AUTHORIZATION

Card Holder Signature

Printed Name

Today's Date