



780 Lindsay Blvd, Idaho Falls, Idaho 83402
Office (208) 497-0611 • www.snakerivereventcenter.com

CREDIT CARD AUTHORIZATION FORM

(Please Print)

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For Credit
Card Receipt

Event Name _____

Event Date _____

Company Name _____

Cardholder's Name _____

Card Billing Street Address _____

Card Billing City, State & ZIP _____

Card Type American Express Visa Master Card Discover

Card Number _____

Card Expiration Date _____

CVV Code (3-digit code on back of card) _____

Telephone _____

Payment Schedule

Amounts to be charged are based on the accepted proposal as follows:

Deposit: The amount due upon signing this form.

Remaining Balance: The Amount due on two weeks prior.

Please note: The remaining balance may be adjusted by the Snake River Event Center two weeks prior to the event date with written notification to the cardholder.

Additional Charges: A final bill may be charged to this credit card for any incidentals and consumption-based services incurred during the event.

AUTHORIZATION

I hereby authorize the Snake River Event Center to charge the above-mentioned credit card under the following schedule:

- **Deposit:** Due upon signing this form.
- **Remaining Balance:** Subject to adjustments two weeks prior with written notification.
- **Final Bill:** Amount to be determined based on incurred incidentals and consumption-based services, if any.

Authorized Signature _____ Date _____