

LAWRENCE OF FLORIDA
Entertainment & Events!

CREDIT CARD AUTHORIZATION FORM

Card Holder's Name: _____

Credit Card Numbers: _____

Expiration Date: _____

Billing Zip Code: _____

Billing Address: _____

Last 3 digits on back of card: (American Express: 4 digits on Front)_____

Authorize Deposit \$ _____ or Pay in Full \$ _____

Signature: _____

Today's Date: _____

Name & Date of Event: _____

Contact Telephone Number: _____

We do not accept Discover Card.

NOTE: While you can email this back to us, there's no guarantee that the email won't "find its way" into someone else's hands since our site is not secure.
For your privacy and security, we suggest that this form be faxed or "snail mailed" back to us.

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