

80 NW 22 Ave, Miami FL 33125 - Office 305 809-8042 Fax 305 809-8093

CREDIT CARD AUTHORIZATION FORM

l,	<u>,</u> authorize Gloł	oal Events & Incent	tives to charge my	credit card the
following: Amount: \$	_U.S. Dollars			
Credit Card Information: M/C	VISA	DISCOVERS	AMEX	
Credit Card Number:				_
Expiration Date:/	(month)	(year)		
Credit Card Bill to Address:				
City, State:		Credit Card Billing	Zip Code:	
CVV Panel Code: (Digit	on	Front of Card MC/VISA 3	Digit on Back of Card)	
Cardholders Name:(Exactly as it appears on the card)				
X				
(Signature of cardholder)				