

ESCAPE THE SPACE
CREDIT CARD AUTHORIZATION FORM

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

Phone Number: _____

Email Address: _____

Booking ID: _____

Event Date: _____

Amount to be Charged: _____

By signing this form, you authorize Escape The Space to charge your card for the amount listed above, or for the remaining balance, prior to the invoiced **date & time of your event** should the event not be paid in full by that date & time.

Signed: _____ Date: _____