

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: \_\_\_\_\_