



Mad Mad Whirled

Credit Card Authorization Form

I _____ authorize Mad Mad Whirled, LLC to charge my credit card in the amount of \$ _____ for my event to be held on ___ / ___ / ___.

Print Name

Signature

Date

Mad Mad Whirled Representative

Date

Credit Card Information

(ALL FIELDS MUST BE COMPLETED)

Name (as it appears on card)

Visa / MC / Discover / AMEX
Circle one

Billing Street Address

Credit Card Number

Billing City, State

V-Code (3-digit code on back)

Billing Zip Code

Expiration Date