Credit Card Authorization Form

Please complete all fields.

Credit Card	Information				
Card Type:	☑ MasterCard ☐ Other	□VISA	□ Discover	□ AMEX	
Cardholder N	Name (as shown on c				
Card Numbe	r: <u>5189410083479793</u>		_		
Expiration D	ate (mm/yy): <u>12/27</u>				
Cardholder 2	ZIP Code (from credit	card billing addr	ess): <u>49301</u>		
Package Book	ed (Please Indicate):				
⊗ The Wild Bu	unch: \$750				
O Midnight Co	owboy: \$1500				
O The Good, T	Γhe Bad, and The Ugly	7: \$1,500			
O Dolly's Corr	ner: \$3,000				
purchases. I ac applicable sale of 6 or more p	ve Spot (the "Merchant cknowledge and agree is tax at the rate of 8.87 Deople. Additionally, in the I authorize the Merc	t") to charge my crethat the total amou 75% and a mandat n the event of a no	edit card listed above for int charged to my creditions of a constant of a constant of a constant of the constant of a constant of the constan		
J Ox	naturo	9/18/2024	1		
Customer Signature		Date	Date		