



CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE THE USE OF MY CREDIT CARD/CHECKING ACCOUNT PAYMENT TO PALM BEACH SKATING RINKS FOR _____ .

TO BE BILLED ACCORDINGLY TO THE CREDIT CARD SHOWN BELOW BY THE CORRECT INFORMATION GIVEN.

TOTAL AMOUNT TO BE CHARGED: \$ _____

SKATER NAME 1: _____

SKATER NAME 2: _____

CREDIT CARD TYPE: () VISA () MASTERCARD () AMERICAN EXPRESS
() DISCOVER () DEBIT/CHECK CARD (VISA/MASTERCARD)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

CARDHOLDER NAME: _____

CARDHOLDER BILLING ADDRESS

STREET ADDRESS: _____

CITY: STATE: ZIP: _____

TELEPHONE: (____) _____

I ACCEPT FULL RESPONSIBILITY FOR TOTAL AMOUNT TO BE CHARGED AND UNDERSTAND ALL THE INFORMATION MENTIONED ABOVE.

CARDHOLDER'S SIGNATURE: _____

DATE: ____/____/____

PALM BEACH SKATEZONE
8125 LAKE WORTH RD
LAKE WORTH, FL 33467

PHONE/FAX: 561-963-5900