



Credit Card Authorization Form

Please print out this form and mail or email to:

Primo Bar, LLC.
15223 Medella Circle, Rancho Murieta, CA. 95683
Email Address: primobar@att.net

Customer Name: _____

Event Date: _____

Cardholder's Name: _____

Type Of Card:

DISCOVER AMEX VISA MasterCard

Card Number: : _____

Expiration Date: _____ CVC Code (3 or 4 digit number on card) _____

BILLING ADDRESS (address must match the credit card billing address exactly):

STREET: _____

CITY, STATE & ZIP: _____

Telephone: _____

Fax: _____

E-Mail: _____

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above credit card. I hereby authorize Primo Bar, LLC. to charge my indicated credit card, without an imprint for the amounts of:

US DOLLARS (FIGURES ONLY) \$ _____

US DOLLARS (WORDS ONLY) _____

I understand that Primo Bar, LLC. reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required.

Payments received for the sale above by the stated credit card constitutes acceptance of the sales & service charges indicated above. Upon receipt of this signed and dated form by Primo Bar, LLC, participants on this sale are subject to: (1) the Primo Bar, LLC. service & deposit policy as stated on the Primo Bar, LLC. contract. Failure to properly complete this form will result in the service requested being withheld with no confirmation or guarantee the requested date will be secured. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with Primo Bar, LLC. No charge backs will be made until disputed matters are completely resolved with Primo Bar, LLC. management.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Primo Bar, LLC.

CARDHOLDER'S SIGNATURE: _____

DATE SIGNED: _____

Office Use Only: Invoice or Sale Number is _____