

# BLISS

NIGHTCLUB

2122 24th Place NE Washington DC P: 202.808.8600 F: 202.808.8299 E: info@Blissdc.com

## Credit Card Authorization Form

### PLEASE READ THIS BEFORE YOU CONTINUE:

- ◆ This form must be completed in full, signed by the authorized user of the credit/debit card and returned to the venue via email or fax. Please include a clear copy of the credit card and authorized user driver's license or passport page showing signature and picture.

### READ AND INITIAL BELOW:

- ◆ I \_\_\_\_\_ (card holder) hereby represent that I have the authority to execute this credit card authorization and agree that this authorization will be effective on the date signed below. I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy, fax or .PDF of this agreement will serve as an original, and this Credit Card authorization cannot be revoked \_\_\_\_\_.
- ◆ I understand that this deposit is non-refundable, non-revocable and non-contestable. I wave my right to refund and agree to hold harmless Bliss nightclub from and against any and all liabilities, losses, claims and chargeback fees resulting from this transaction \_\_\_\_\_.
- ◆ I have been advised that, my reservation with a 50% deposit will be released if I am not present at the venue by 1:00am. 100% Deposit reservations will be honored all night \_\_\_\_\_ of \_\_\_\_\_.

I: \_\_\_\_\_ As the Individual card holder, hereby authorize this card to be used for the deposit in the amount of \_\_\_\_\_.

### **Credit Card Information:**

Name as it appears on the Card: \_\_\_\_\_

Type of Card:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Security Code BACK of Visa OR Master Card: (3 digits) \_\_\_\_\_

Security Code FRONT of Amex Card: (4 digits) \_\_\_\_\_

**Credit Card Billing Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder or Company Representatives Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that the aforementioned statements and information are true and correct to the best of my knowledge. I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. **CONFIDENTIALITY NOTICE AND DISCLAIMER:** The information in this transmission may be confidential and/or protected by legal professional privilege, and is intended only for the person or persons to whom it is addressed. If you are not such a person, you are warned that any disclosure, copying or dissemination of the information is unauthorized. If you have received the transmission in error, please immediately contact this office by telephone, fax or email, to inform us of the error and to enable arrangements to be made for the destruction of the transmission, or its return at our cost. No liability is accepted for any unauthorized use of the information contained in this transmission.