

CREDIT CARD AUTHORIZATION FORM

To submit payment by credit card and complete your facility reservation, please fax this form to 952-448-5426, Attn: Jaime Wiemann or scan in and email completed form to jwiemann@chaskamn.com

Name _____

Billing Address _____

City _____ State _____ Zip _____

Card Holder Name _____

Type of Card (please check one):

Visa MasterCard American Express Discover

Expiration Date _____ Card Verification Number (CVC) _____

Card Number _____

Description of Charge _____

Amount Charged \$ _____ *plus tax*

I hereby authorize the Chaska Community Center to charge the above-named fees to my account.

Signature

Date

Note: Card will immediately be charged when processed.

