



**Party Outfitters Interactive Games
Credit Card Authorization Form**

Party Outfitters Inc, PO Box 8489, Lacey, WA 98509
360-438-2211 360-438-3614 fax

Description of Event/Purchase: _____

_____ **Invoice #(s)** _____

Business Name: _____

Address: _____ **State** _____ **Zip** _____

Phone#: _____ **Fax#:** _____

Purpose of this form: to authorize Party Outfitters Inc., “the merchant”, to process credit card transactions from the applicant or “buyer”. These transactions will be processed via phone/fax orders.

Credit Card Issuing Bank: _____ **Tel #:** _____

Card Type (check one): VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___

Credit Card Number: _____ **Deposit Amount:** _____

Expiration Month/Year: ____/____ **Total Amount Charged:** _____

I have enclosed a photo copy of the above stated credit card (front & back) for proper verification of this transaction. All funds are in US Dollars.

I have read and agree to be bound by the terms and conditions as outlined in the Party Outfitters Service Agreement. I will not request a charge back through my credit card without first obtaining authorization from Party Outfitters Inc. In addition, by signing this document, I am accepting all responsibility for the transactions named above to ensure full payment to the merchant.

Exact Printed Name as it appears on Credit Card: _____

ZIP Code to where your credit card company mails your statement/bill to: _____

Signature of Card Holder: _____ **Date:** _____

Please return this form and any accompanying documents via fax to 360-438-3614. Thank you!