



Credit Card Authorization Form

COMPANY NAME: _____

PAYMENT IS FOR: _____

(Please include event location and event date. If multiple dates apply, please include all.)

I Authorize **Robby Gordon OFF-ROAD's Stadium SUPER Trucks** to charge my credit card for the **FULL AMOUNT** of \$_____.

**CREDIT CARD MUST BE IN THE NAME OF PERSON OR ASSOCIATE.
NO THIRD PARTY CREDIT CARDS ARE ACCEPTED.**

Credit Card Type (Please Check): AMEX MasterCard Visa Discover

Card Number: _____

Expiration Date: _____ CVC code: _____

Billing Address: _____

Telephone #: _____

Cardholder Name: _____

(Please print name as it appears on card.)

Cardholder Signature: _____

(Cardholder agrees that by signing the above, Cardholder authorizes the charges stated above in connection to the Stadium SUPER Trucks 2013 Expo.)