



1750 Stone Ridge Dr., Ste A, Stone Mountain, GA 30083
770-407-5190

***** Credit Card Authorization *****

***PLEASE PRINT AND FILL IN REQUIRED INFORMATION, SIGNED AND RETURN TO
STONE RIDGE EVENT CENTER.*

NAME (as appears on CC) _____

BUSINESS NAME: _____

CREDIT CARD TYPE: (CHECK ONLY ONE PLEASE)

VISA MASTER CARD DISCOVER AMEX

CREDIT CARD#: _____

3 Digit CVV : _____

EXP DATE: _____/_____/_____ Event Date: _____

CREDIT CARD BILLING ADDRESS: _____

CREDIT CARD BILLING ZIP CODE: _____ AMT: \$_____.

**** BY ACCEPTING THIS AGREEMENT YOU AUTHORIZE THE PAYMENT MADE FROM THE CREDIT OR DEBIT CARD PROVIDED. PLEASE VERIFY THAT ALL YOUR INFORMATION IS COMPLETE AND ACCURATE BEFORE RETURNING TO ATS/SRE. THIS AGREEMENT IS NOT TRANSFERABLE AND MUST BE SUBMITTED BY THE PERSON AUTHORIZED ON THE STONE RIDGE EVENT CENTER, LLC. ACCOUNT.**

**** I HEREBY AUTHORIZE STONE RIDGE EVENT CENTER (SRE) TO SATISFY PAYMENT OBLIGATIONS BY MAKING PAYMENTS TO THE CREDIT CARD ACCOUNT INDICATED ABOVE (VISA/MASTER/DISCOVER/AMERICAN EXPRESS) TO COMPLETE AND PROCESS ORDERS.**

Signature: _____ Date: _____

Printed Name: _____ Title: _____