



Daytona Beach News-Journal Payment Authorization Form

PLEASE COMPLETE AND RETURN. CREDIT CARD INFORMATION WILL REMAIN ON FILE UNTIL THE DURATION OF THE EVENT. ALL INFORMATION WILL REMAIN CONFIDENTIAL. IF PAYING FOR DEPOSITS ONLY THE CREDIT CARD WILL REMAIN ON FILE AND THE REMAINING BALANCE WILL BE CHARGED ON THE SAID EVENT CONTRACT.

Event Name: _____ Event Date: _____

Name: _____

Company Name: _____

Payment Information

Credit Card Type: Visa Mastercard Discover AMEX

Credit number: _____

Expiration date: _____ Security Code: _____

Name on Card: _____

Total Due: _____

Payment Amount: _____

Total Balance Remaining: _____

Billing Information

Address: _____

City: _____ State: _____ Zip: _____

Email (Required): _____

Phone Number: _____

I authorize hereby authorize The Daytona Beach News-Journal to charge my credit card in the amount indicated:

Charge my credit card the 50% Deposit: \$ _____
(Balance is due on date listed on the said event contract)

Charge my credit card for the refundable damage deposit

Charge my credit card for the Total Amount Due: \$ _____

As the credit card holder, I also authorize The Daytona Beach News-Journal to keep my credit card on file for future event contract payments.

Cardholder's Signature

Date