

CREDIT CARD AUTHORIZATION FORM Leisure Features, Inc.

Fax 608-223-6552

Date _____

I authorize Leisure Features, Inc. to charge the following credit card:



Credit Card Number _____

Expiration Date _____ Security Code _____



Credit Card Number _____

Expiration Date _____ Security Code _____

Milwaukee, WI Booth # _____ \$ _____

Novi, MI Booth # _____ \$ _____

Green Bay, WI Booth # _____ \$ _____

Total amount* of \$ _____

* Your credit card will be charged in full unless other arrangements have been made.

Must initial for payment to be processed _____

Name as it appears on the credit card: _____

Authorized Signature: _____

Telephone: (_____) _____

Address (as it appears on your credit card billing):

For office use only: Capture # _____ Reference # _____ AVS Match _____