



939 N. Thompson Lane  
Murfreesboro, TN 37129  
(615) 867-1512 (615) 867-1592 Fax  
stewartsspecialevents@comcast.net

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### Credit Card Authorization

Contract Name: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Amount: \_\_\_\_\_

Name of Company (if applicable): \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand and agree to the terms as set forth in this agreement. I agree to pay and authorize Stewart's Special Events, Inc. ("SSE") to hold my credit card as security for my rentals and to charge my credit card for services provided. I further agree that in the event my credit card becomes invalid, services may be withheld until a valid credit card is provided. I understand that I must contact SSE, in writing, to contest any contested charges, and I will give SSE 30 days to resolve the matter before I contact my credit card company.

**Please sign and fax/email back.**

Signature: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_

Date: \_\_\_\_\_