



Emerald Ball Advertising Credit Card Authorization Form

Full Business Name: _____ Date: _____

Cardholder's Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email Address: _____

Credit Card Number: _____ Exp Date: _____ CVC: _____

(All credit card transactions will be subject to a 4% service charge)

Dollar Amount: _____

Full Page Color 8.5 x 11	\$700
Full Page Black & White 8.5 x 11	\$300
Half Page Black & White 8.5 x 5.5	\$200
Quarter Page Black and White	\$175

I hereby authorize the use of the above credit card for the amount stated as evidence by my signature below and have read and under the above referenced information.

(Cardholder's Signature)

Return this form via email to wayne@DanceVision.com , via fax at 702.256.4227 or mail to:

Emerald Ball
9081 W. Sahara Ave. #190
Las Vegas, NV 89117

Thank you we appreciate your business.