



Credit Card Authorization Form

625 North Hedville Road, Salina, KS 67401 Phone 785-827-9488, ext. 122 Fax 785-820-8433 www.rollinghillzoo.org

Organization / Name of event _____

Event day and date _____

Contact person _____

Phone _____ Fax _____

Credit card type (circle one): Mastercard Visa Discover American Express

Credit card number _____

Expiration date _____ CV# (last 3 digits in signature strip) _____

Name as it appears on card _____

I authorize use of the above credit card for the following charge(s):

Deposit \$ _____

Full amount \$ _____

Other \$ _____

I have fully read and understand what the provided credit card will be used for, and agree to abide by all policies and requirements. By signing below, I confirm that I have purchasing authority with the credit card stated above, and I agree to be responsible for payment of incurred charges.

Customer signature _____ Date _____

RHZ representative _____ Date _____