



**PAYMENT AUTHORIZATION SHEET (April 25, 2020)**

NAME OF BUSINESS: \_\_\_\_\_  
**CONTACT:** \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BEST CONTACT NUMBER: \_\_\_\_\_  
BEST CONTACT EMAIL: \_\_\_\_\_

MEMBER - Y/N: \_\_\_\_\_ SPONSORSHIP LEVEL: \_\_\_\_\_

**# of Ticket(s):** \_\_\_\_\_

**AMOUNT:** \$ \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_  
Payable to Hot August Nights Foundation

VISA: \_\_\_\_\_ MASTERCARD: \_\_\_\_\_  
Last 4 digits on card Last 4 digist on card

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TICKET INFORMATION:**

DATE MAIL TICKET(S): \_\_\_\_\_ Date C.C. Charged: \_\_\_\_\_

HAN MEMBER INITIALS: \_\_\_\_\_ HAN MEMBER INITIALS: \_\_\_\_\_