



4000 Parnell Avenue  
Fort Wayne, IN 46805  
Phone: 260-482-9502

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ (Please Print Name) authorize the Allen County War

Memorial Coliseum to charge the deposit for the attached lease to my Visa, MasterCard, Amex or Discover Card listed below:

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

CVV2 (Last 3 or 4 digit number on the back side of the credit card): \_\_\_\_\_

Authorized Name as it appears on the card: \_\_\_\_\_

Billing address (Billing address for the credit card)

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

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

\$ AMOUNT AUTHORIZED \_\_\_\_\_ The amount stated in the Lease.

Event Name \_\_\_\_\_ Date of Event \_\_\_\_\_

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

Please fill out and return with the fully executed leases.

\*The Allen County War Memorial Coliseum and/or ARAMARK, the Coliseum's in-house concessionaire/caterer, reserves the right to charge any balance due to the above named credit card for this specific event.