SKI LIKE YOU DRIVE

CREDIT CARD PAYMENT AUTHORIZATION FORM
Account Information

Card Type (circle one): **American Express** **Discover** **MasterCard** **Visa**

Cardmember Name: _____

Card Account Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Card Expiration Date: _____ / _____
Month Year

Billing Address: _____
Street Address

_____
City State Zip Code

Home Phone Number: ( ) -

Work Phone Number: ( ) -

Cell Phone Number: ( ) -

E-Mail Address: _____

All information must be filled out completely. Your authorization request will be declined if any fields are missing.
Please write N/A if you do not have a cell phone or e-mail address.

Payment Information

Event Date: _____ ***Room Leader:*** _____

Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
Name:		***Amount:***	$
	Total Authorized Charge To Credit Card:		$

Cardholder Signature: ***Date:***

Rules & Procedures	Mail this form to:	Cancellation Policy
The cardholder will be called upon receipt of this authorization form to verify their purchase. Once transaction is processed, a receipt will be mailed to the cardholder for their records. This charge will appear as 'Ski Like You Drive' on your statement.	**Storyboy, Inc.** **2827 N. Cambridge #306** **Chicago, IL 60657** Questions? **Steve O'Connor – (773) 477-0129**	Full refunds will be issued for cancellations up to 3 weeks prior to the event date. Partial refunds will be made after deadline date based upon ability to fill your slot. All refunds will be credited to your account the week after the event is over.