



FAX

To: Mabuhay Alliance (Accounting)	From:
Fax: (858) 586-7386	Phone:
Phone: (858) 586-7382	Date:
Subject: Business Mixer Credit Authorization	Pages: 2 Including this cover

MESSAGE:

Attached is my pre-authorization for payment for the Business Mixer at the Ultimate Skybox.



AUTHORIZATION TO PRE-AUTHORIZE CREDIT CARD

By signing below, I/we authorize Mabuhay Alliance to Pre-authorize my/our Visa or Mastercard.

TRANSACTION DETAILS

Diamond View Business Mixer	\$50.00	x	_____	=	_____
Valet Parking	\$15.00	x	_____	=	_____
Total Amount to be Billed					_____

BILLING DETAILS

Credit Card Holder's Name	
Billing Address	
City, State, Zip	
Work Phone	
Home Phone	
Credit Card Number	
Expiration Date	
Three Digit Verification (CCV)	
Amount to be pre-authorized	
Additional Notes	

Signature _____ Date _____

Printed Name _____

Important: all information provided would be verified for accuracy. If the name on the account and the address do not match – an alternative payment will be required. All of the above information will be kept secure and will not be used again without an additional signed form.