



797 Cromwell Park Dr. - Ste. R  
Glen Burnie, MD 21061  
443-354-3428

Type of Card:      \_\_\_VISA                      \_\_\_MASTERCARD                      \_\_\_AMEX

Name of Cardholder: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

**Credit Card Billing Address**

**Requested Shipping Address**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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

I, \_\_\_\_\_, the undersigned hereby state that the above described credit card is in my name and that I authorize its use to purchase products or services from Event Pro in the amount of \$\_\_\_\_\_. (total amount to be charged + 3% processing fee)