



CHARLOTTE KNIGHTS

Credit Card Payment Authorization Form

Please sign and complete this form to authorize Knights Baseball, LLC to make a one time debit to your credit card listed below.

Please note: Your card will be kept on file until the completion of your rental in the event there are any damages caused by the Licensee or Licensee's guests to the suite or the property of the Licensor (Knights Baseball LLC). No additional charges will be charged before a Knights representative discusses cost and damages with the Licensee first.

Please complete the information below:

I _____ authorize Knights Baseball, LLC to charge my credit card account
(Full Name)
indicated below for _____. This payment is for my **"Work from Home Plate" Suite Rental**
(amount)
on _____.
(Date of Event)

Billing Address _____ Phone # _____

City, State Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form

Please return this form to Megan Smithers at MeganS@CharlotteKnights.com