



Credit Card Form

Galaxy Events LLC
235 Walton St
Syracuse, NY 13202

Date: _____

Company Name: _____

Name on Card: _____

Phone Number: _____

Credit Card Billing Address _____

Card Type (Circle One): VISA MC AMEX DISC

Card Number: _____

3 (or 4 for AMEX) Digit Security Code: _____

Expiration Date: _____

Amount: \$ _____

Event(s): _____

No other charges will be authorized or made to the card without separate arrangements.

Client Signature _____ Date _____

Please call Lisa with any questions at 315-471-9597 or email lisa@galaxyeventscompany.com