

Payment Card Authorization Form

Disney Destinations, LLC

Account Information	
Event Name	HOSA National Convention 2019
Event Arrival	
Amount to Charge per Reservation US\$	

Payment Card Information					
Authorized Cardholder's Name					
Cardholder's Billing Address					
City		State		Zip	
Phone		Email			
Credit Card Number				Expiration Date	
Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> Other _____

I, as the Cardholder, authorize Disney Destinations, LLC to charge the payment card indicated above for the total amount indicated above, and agree to pay that amount in accordance with my card issuer agreement.

Authorized Cardholder's Name	
Authorized Cardholder's Signature	
Date	

If Additional Monies Due	
I, as the Cardholder, authorize Disney Destinations, LLC to keep the card on file and to charge the balance to the payment card indicated above and agree to pay any such additional monies owed in accordance with my card issuer agreement.	
Authorized Cardholder's Name	
Authorized Cardholder's Signature	
Date	

Please fax this to 407-939-1012

As a security precaution we cannot accept this form via email.