



Credit Card Authorization Form

Event Date: _____

Event Name: _____

Amount: \$ _____

Enter your credit card details exactly as shown on your credit card and billing statement.

Name/Company: _____

Billing Address: _____

Street Address

City

State

Zip

Phone Number: _____

Credit Card Type: Visa MasterCard

Credit Card Number _____ - _____ - _____ - _____

Credit Card Expiration Date: _____ / _____

Credit Card Verification Code: _____

Name of Cardholder: _____

Signature of Cardholder: _____

**Fax completed form to 303-526-5519 or mail to:
Boettcher Mansion
900 Colorow Road
Golden, Colorado 80401**