



Credit Card Authorization

901 West 34th St.

Please return via Fax: 713-979-4797

713.868.BELL (2355)

Client Name: _____ Date _____

Mailing Address: _____ () -
Street Business Phone

Mailing Address: _____ () -
City/State Zip Business Fax

Payer: _____ () -
Name Title Cell

Event Date: _____ Email Payment Receipts To: _____

Payment Information

A non-refundable payment of 25% of the contract is due at signing to secure the event date. 90 days before the event 50% of the remaining balance is due. The total remaining balance for the event is due 30 days prior to the event date. THE GUEST COUNT MAY NOT GO DOWN AFTER THIS DATE. The final guest count is due two weeks prior to the event date. Additional consumption charges will be automatically charged the evening of the event.

Cancellation Refunds:

- Progress Payments are Non-Refundable.
- Forms of payment accepted: Cash, Check, Visa, MasterCard, American Express and Discover

Credit Card Holder's Name: _____

Card Holder's Billing Address: _____

Street

City/State

Zip

Visa

Amex

MC

Discover

This will be the payment card on file for future payments and incidentals.
The Bell Tower on 34th is authorized to charge this card automatically for upgrades, overages, incidentals.

Card Number: _____ Expiration Date: _____

Card Holder's Signature _____ Security # (CID) _____ CURRENT AMOUNT TO CHARGE _____

Payer is is not the Designated Single Point of Contact for this event

The following people are authorized to make additions to my contract total on the day of the event:

Name: _____ Title/Relationship _____

Name: _____ Title/Relationship _____

I certify that the above information is correct. I have read and understand the policies and procedures and agree to pay accordingly.

Authorized Client Signature Title Date