



Crystal City Sports Pub



Credit Card Authorization Form

Please complete and return this signed authorization form when providing your deposit and menu selection information.

Contact Person: _____

Phone: (w) _____ (C) _____ FAX: _____

E-Mail: _____

Event Date: _____ Event Name: _____

Circle Credit Card Type:

AMEX, VISA, MC, DISCOVER

(Major Credit Card Gift Cards & Traveler's Checks Are Not Accepted)

Name on the card: _____

Cardholder Address: _____

Card Number: _____ Expiration Date: _____

CVV Code: _____ Address Digits _____ Zip Code _____

_____ Invoice # _____

Authorized Cardholder Signature Date

Thank you for giving us the opportunity to serve you.

529 23rd Street South, Arlington, VA 22202

703.521.8215 / info@ccsportspub.com / www.ccsportspub.com