

CREDIT/DEBIT CARD AUTHORIZATION REQUEST FORM

DATE: _____

I, _____, hereby authorize TICKETLINKZ INC. to debit my credit card as per details set below.

NAME OF CARDHOLDER: _____

(as shown on credit card)

CARD BILLING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF CARD:

VISA MASTERCARD DISCOVER AMEX DEBIT CARD

CARD NUMBER: _____

EXPIRY DATE: _____

CVC / PIN CODE _____

AMOUNT \$ _____

CURRENCY _____

CARDHOLDER'S AUTHORISED SIGNATURE: _____

TERMS AND CONDITIONS

- * Your transaction will not be processed without a photo of the Credit Card and matching Picture ID so that we may speedily verify and process your transaction for security purposes.
- * A copy of your Credit Card receipt and a receipt of your purchase will be emailed to you on completion of your transaction.
- * TICKETLINKZ INC does not keep your Credit Card information and will delete this form when the transaction is completed.
- * A 4% mandatory Banking Fee is applied to all transactions.
- * Conversion Rate is USD 1= BBD 1.99
- * CIBC First Caribbean is the processing Bank.

PROCESSED NOT PROCESSED 