

THE CONTINENTAL PAGEANTRY SYSTEM

TICKET RESERVATIONS MUST BE MADE PRIOR TO COMPLETION OF THIS FORM

Continental Pageantry Pre-Paid Ticket Charge Card Authorization Form

Name (As it appears on Credit Card): _____

Check One: MasterCard Visa Diners Club Discover

Card Number: _____ **Exp Date:** _____

(3) Digit Verification Code: _____ (Located on the Signature Panel of Your Card)

RESERVATION NUMBER: _____

*** Reservation number is required.
You will receive your reservation number at the time you make your reservation.

*** You must include a copy of your photo ID as well as the front and back of your credit card with your faxed authorization.

I AUTHORIZE JF ENTERPRISES, INC. TO CHARGE MY CREDIT CARD THE AMOUNT OF \$ _____.

FOR THE PURCHASE OF:

_____ TICKETS FOR SUNDAY NIGHT @\$60 PER TICKET

_____ TICKETS FOR MONDAY NIGHT @\$50 PER TICKET

_____ TICKETS FOR TUESDAY NIGHT @\$60 PER TICKET

***** YOU MUST MAKE A RESERVATION BEFORE FAXING YOUR PAYMENT!!!**

Signature: _____

Date: _____

To purchase your tickets by credit card, please complete this form and fax to (312) 527-9643. All purchases by fax must include a copy of the front and back of the charge card and your state issued photo ID. ALL PAYMENTS ARE NON-REFUNDABLE.

***** Certified Checks or Money Orders should be made payable to: JF Enterprises, Inc. *****

Send Certified Check/Money payments to:

JF Enterprises, Inc.
4713 North Broadway
Chicago, IL 60654

CREDIT CARD BILLING & CONFIRMATION MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Contact: _____

Email: _____

Ticket reservations may be cancelled if payment is not received in our office within FIVE (5) business days of making the reservation. All unpaid reservations are subject to cancellation without notice - NO Exceptions!