



Disney Youth Group Programs

Credit Card Authorization Form for Dining Cards

Please complete and return via fax to (407) 566-7678.

Billing Information

Visa AMEX MasterCard Diners Club Discover _____ Last Four Digits of Credit Card

Name: _____

Billing Address: _____

Telephone #: _____

Charge Amount: \$ _____

Authorization

I authorize a charge in the amount listed above to this credit card as payment towards:
 _____ (group name) for
 (Please Check One)

Dining Cards and/or Gift Cards

Cardholder's Signature: _____ Date: ____/____/____

Credit Card #: _____

Expiration Date: ____/____/____

Front of Credit Card required, please place copy here