

CREDIT CARD AUTHORIZATION AGREEMENT
Miss Tourism Pageants

By signing this authorization, I acknowledge and agree to the following terms regarding payment obligations associated with my participation in Miss Tourism Pageants.

CARDHOLDER INFORMATION

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Email Address: _____

Cardholder Phone Number: _____

CREDIT CARD INFORMATION

Card Type (Visa / MasterCard / Discover / AmEx): _____

Card Number: _____

Expiration Date (MM/YY): _____

CW Code: _____



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AUTHORIZATION & PAYMENT AGREEMENT

I hereby authorize Miss Tourism Pageants to charge the credit card listed above for any required fees associated with my participation, including but not limited to:

- Entry fees
- Registration fees
- Withdrawal fees
- Late fees
- Returned payment fees
- Replacement crown, sash, or merchandise fees
- Any outstanding balances owed under my titleholder contract



This authorization shall remain in effect for the duration of my participation and reign as a Miss Tourism titleholder unless revoked in writing and acknowledged by Miss Tourism Pageants.

WITHDRAWAL & NON-PAYMENT

I understand that if I withdraw from the pageant or fail to fulfill my contractual obligations, Miss Tourism Pageants is authorized to charge the applicable withdrawal fee as outlined in the Titleholder Contract. I further understand that failure to maintain valid payment information does not release me from financial responsibility.

ACKNOWLEDGMENT & AGREEMENT

I certify that I am the authorized cardholder or have permission from the authorized cardholder to use this credit card. I understand that all charges are non-refundable unless otherwise stated in writing by Miss Tourism Pageants.

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I acknowledge that this authorization is enforceable under applicable
state and federal laws.

SIGNATURES

Cardholder Signature: _____

Printed Name: _____

Date: _____

If Contestant is a Minor:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

