



**AMGEN TOUR OF CALIFORNIA – SAUSALITO
CREDIT CARD AUTHORIZATION FORM**

Expo Booth Name: _____

Booth Cost: _____

Name on Credit Card: _____

Street Address that Billing is Sent to: _____

City / State / Zip Code: _____

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration: _____ Vin Number: _____

By signing I authorize Amgen Tour of California – Sausalito to charge the following to my credit card listed above

Signature of Credit Card Holder:

Date: _____

- Your Credit Card statement will show a charge from the City of Sausalito for this expo booth rental.

This form can be mailed or faxed to:

**Cathy Stierhoff CPA
325 Pine Street
Sausalito, CA 94965
Fax: 332 - 4889**

www.tourofcalifornia-sausalito.com

ATOC – Sausalito Internal Use

Booth #

Amount of Charge:

Date Processed:

Approval: