



Children's Theatre of Elgin and Fox Valley Theatre Company

Credit Card Authorization Form

Complete this form and mail, fax or attach to an e-mail

Children's Theatre of Elgin, 1700 Spartan Dr, VPAC 141A, Elgin, IL 60123-7189

FAX: 847-622-3058 ~ Phone: 847-214-7550

E-mail: tickets@cteelgin.com

Amount Due: \$ _____

3% Handling Fee: \$ _____

Total Amount Authorized: \$ _____.

Transaction Type: (Circle One) Participation Fee / Donation / Purchase

Show Title or Workshop Date/Title: _____

Number of items (if applicable): _____

Billing Information - Please enter the following information exactly as it appears on the customer's credit card statement.

First Name: _____ Middle: _____ Last Name: _____

Card Type (circle one): Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: Month _____ Year _____

Card Verification Number: _____

Street: _____

City: _____

State: Illinois

ZIP Code: (5 or 9 digits) _____ - _____

Email Address: _____

Home Telephone: _____

Signature of Authorized Card User Date: _____

Signature of Authorized Card User

Phone Order?

CTE Form 509