



# CREDIT CARD AUTHORIZATION FORM

PLEASE INDICATE CREDIT CARD TYPE:

Visa

Master Card

American Express

Discover

<b>NAME AS IT APPEARS ON THE CARD:</b>	
<b>CREDIT CARD NUMBER:</b>	
<b>EXPIRATION DATE:</b>	
<b>SECURITY CODE:</b> <i>*Typically the last three digits printed on the signature strip of your credit card</i>	
<b>BILLING ADDRESS:</b>	
<b>AMOUNT TO BE CHARGED:</b>	
<b>DESCRIPTION OF SERVICES</b>	

**CONSENT:**

By submitting this form with your signature provided below, you are granting permission for Indianapolis Motor Speedway to process your credit card details with regards to the services defined in the above filed (Description of Services Rendered).

In these circumstances Indianapolis Motor Speedway, LLC will take steps to ensure that your person specific information is held in strict accordance with our Privacy Policy and is only used for the purpose of fulfilling said request.

<b>NAME (PLEASE PRINT):</b>	
<b>AUTHORIZED SIGNATURE:</b>	
<b>DATE:</b>	