



CREDIT CARD PAYMENT AUTHORIZATION

Please provide the following information to make payment to Stone Mountain Park by credit card.

[Type or Print Clearly]

GROUP NAME: _____

EVENT DATE: _____ BOOKING #: _____

CONTACT PERSON: _____

LOCATION IN PARK: _____

AMOUNT TO BE CHARGED: \$ _____

TYPE OF CREDIT CARD: Visa MasterCard Discover American Express
[Check One]

CARD NUMBER: _____
(Please Include Dashes)

EXPIRATION DATE: _____

NAME OF CARDHOLDER (please print): _____

SIGNATURE OF CARDHOLDER: _____

DATE OF SIGNATURE: _____

TAX ID # (If Applicable): _____

STREET ADDRESS OF CARDHOLDER: _____

City/State: _____ Zip Code: _____

(For SMP Office Use Only: Credit on same card: _____ sent to Acct. _____)

SDC/Stone Mountain Park Group Sales Department
Fax: (770) 498-5735 Phone: (770) 498-5614

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL