SUB SUMMIT

CREDIT CARD AUTHORIZATION LETTER

(Please print legibly and fill out all information.)

Return to:

SubSummit

901 Wilshire Drive Ste #190

Troy, MI 48084

madison@subsummit.com

I hereby authorize SubSummit to use the following credit card to process pass-through costs for sponsored F&B if payment is not remitted by check or ACH payment by June 30, 2025. All credit card payments are subject to a 3% processing fee.

Credit Card Type:

Credit Card Number:

Expiration Date:

Name on Credit Card:

Company:

Address:

City, State, Zip Code:

Phone Number:

Fax Number:

Email Address:

THE CREDIT CAR*D CARDHOLDER SIGNATURE DULY AUTHORIZES SUBSUMMIT TO CHARGE ANY AND ALL REMAINING BALANCES NOT SETTLED AT THE COMPLETION OF THE EVENT VIA CHECK OR ACH PAYMENT:*

Cardholder

Name (print):

Cardholder Signature:

Date: