**Valentine’s Day VISION REQUEST FORM**

**Please complete this form and send to** **FSELoveNotes@vegasexperience.com** **with your preferred, high resolution photo and completed Credit Card Authorization Form**

Contact Name: Click here to enter text

Contact Phone Number: Click here to enter text.

Contact E-mail: Click here to enter text.

Display Date: February 14th 2018

Type of display:

 [ ] FSE Message & Photo for $500 all inclusive

 Template # Click here to enter text.

**OR**

 [ ]  Custom Message for $750 all inclusive

 Template # Click here to enter text.

 Custom Message (40 character limit) Click here to enter text.

***A Fremont Street Experience Customer Service Representative will reach out to you via email or phone to determine the display location and time***

**OFFICE USE ONLY**

Display Time: Click here to enter text.

Display Location (Bay number): Click here to enter text.

425 Fremont Street

Las Vegas, NV 89101

(702) 678-5713

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Fremont Street Experience LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Fremont Street Experience LLC to charge my credit card (full name)

account indicated below for \_\_\_\_\_\_\_\_\_\_\_\_\_ on or after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This payment is for x (amount) (date)

FSE Love Notes promotion- Valentines Day Message.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  Account Type: [ ]  Visa [ ]  MasterCard [ ]  AMEX [ ]  Discover Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.