



2007 CREDIT CARD AUTHORIZATION FORM

I authorize NJMP Management, LLC (NJMP) to issue charges I may incur from time to time at New Jersey Motorsports Park using the following credit card:

Card Type: Visa MasterCard American Express Discover

Card Number:

Expiration Date: - Code from Card:

Card Billing Zip Code: -

Name On Card: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

I NEED CHARGE RECEIPTS SENT TO ME:

By E-Mail: _____

By Fax: _____

No Receipt Needed. I will review my credit card statement on-line or monthly.

I, the undersigned, hereby authorize NJMP to charge facility fees and other charges to the credit card information provided above.

SIGNATURE _____ **DATE** _____

Fax or Mail Completed Form to:

New Jersey Motorsports Park
2 East Broad Street • Millville, NJ 08332
Phone: 856-327-8000 • Fax: 856-327-8835