



PROSPECTIVE CLUB SEAT LICENSE HOLDER

Date: _____ Priority Number: _____

For Official Use only Sec _____ Row _____ Seats _____

Circle One: CORPORATE Account OR INDIVIDUAL Account

PLEASE PRINT

Name: _____ Date of Birth (Optional): / /

Company: _____

Street / Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Home Telephone: _____

Fax: _____ E-Mail: _____

I wish to purchase _____ (#) CLUB SEATS.

Term: _____ Five (5) Years _____ Three (3) Years _____ Two (2) Years

Agreement requires a non refundable deposit of _____ X \$ _____ = \$ _____ X 50% \$ _____
of seats price per seat Annual Cost Total Deposit

Payment Schedule: _____

Method of Payment (Check One): _____ Cash _____ Check _____ Credit Card

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AMEX

CVV Code (on back of card): _____

Name on Card (please print): _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

Checks are to be made payable to: GLOBAL OF PRESCOTT VALLEY, LLC

PURCHASER

TIM'S TOYOTA CENTER REPRESENTATIVE