TICKET AUTHORIZATION AGREEMENT

I understand that my purchase is subject to acceptance and confirmation by Delmar Enterprises Ltd d/b/a DelSol. I have read the Ticket Cancellation and Refund Policy, and I agree to all terms and conditions of the Ticket agreement. I agree to pay credit card charges.

Ticket Cancellation and Refund Policy

*All Ticket purchases are 100% NON-REFUNDABLE.
*NO REFUND for unused tickets
*No future credit for unused Tickets.
*No Exchanges for unused Tickets

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CANCELLATION AND REFUND POLICY, AND AGREE TO PAY IN FULL ALL AMOUNTS CHARGED TO MY CREDIT CARD IN ACCORDANCE WITH THE DELSOL Ticket Authorization Agreement.

Please completely Print all the following Credit Card information:

Charge Payment Amount Of: $ _____ **Type of Card** *(required)*: _____

Credit Card Number: _____ **Expiration Date:** _____

Billing Address of Card holder: _____

City: _____ **State:** _____ **Zip:** _____

Tel #: _____ **Email:** _____

Cardholder Signature *(REQUIRED to Process):*

_____ _____ _____

(*Printed Name*) *(Signature)* *(Date)*

PLEASE FAX THIS AGREEMENT TO DelSol @ 1.866.686.1631