



## Automatic Monthly Payment Plan Credit Card Authorization Form

Season Ticket Acct.# \_\_\_\_\_ Name on Card: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Amex  VISA  MC  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please bill my total balance in 10 monthly installments: 10% on April 10, May 30, June 26, July 31, August 28, September 25, October 30, November 27, December 18 and January 29.**

Please insert this form into the provided Ticket Operations envelope and mail to the Celtics office.

I understand that by signing this form I give authorization to the Boston Celtics to charge my credit card for invoiced Season Ticket charges. I understand and agree that the Boston Celtics are not liable in any way for erroneous bill statements or incorrect charges and that should an error occur in billing, the Boston Celtics only responsibility is to correct it when and if it receives notice of the error. There will be no refunds of any kind for these charges. I understand that my credit card company and the Boston Celtics reserve the right, upon written notification, to terminate this payment option and/or my participation. The Celtics reserve the right to restrict entry if the account is not paid in full by January 29. I understand that payment will be charged to the credit card on the installment days specified, or the next business day. I understand this authorization remains in force and effect until the Boston Celtics have received written notification of its termination in such time and manner as to afford the Boston Celtics and my Credit Card Company a reasonable opportunity to act on it. I realize that if any account number(s) listed on this form changes, this authorization will remain in effect for the new account number(s).