2024 - 2025

HONDA CENTER F&B ACCOUNT FORM

Suite holder name:	
ADDRESS:	
SUITE ADMINISTRATOR:	
PHONE:	EMAIL:
BILLIN	NG INFORMATION
CREDIT CARD NUMBER:	EXP:
NAME ON CARD:	CVV:
BILLING ADDRESS:	
CARD HOLDER SIGNATURE:	
<u>AUTHORIZED SIGNER</u>	<u>SIGNATURE</u>
1) - [DA Genter.
2)	
3)	
4)	
5)	
6)	

- o A signature must be provided for every authorized signer listed above
- o If more authorized signers need to be added, please provide an additional list of authorized signers a credit card on file is required for all suites. The cardholder's signature above confirms the card holder's approval for all charges described on this form. If your suite has a beverage restock, the fee will be charged to the above credit card unless otherwise instructed.
- o In the event a credit card is given by the guest and cannot be processed, and alternative payment options have been exhausted, the above card will be charged for purchases.
- If there are any unpaid balances from food and beverage purchases in your suite outstanding 60 days after the event, we will not accept preorders until the overdue amount is paid in full
- o Subject in all respects to the Arena Suite License Agreement applicable to the Suite

		SUITE:	DATE:	
BEVERAGE RESTOCK				
Please select one:	□ Yes	□ No		
 If Yes, a 2024-2025 Be The beverage restoc unless otherwise note 	k fee will be ch	arged to the credi	t card listed on the previous page,	
	SUITE INS	STRUCTIONS		
PREORDERS (PLEASE SELECT	ONE OPTION):			
	Charge to credit card on file for ALL guests			
	Charge to credit card on file for AUTHORIZED SIGNERS only			
	Collect credit of	card from individual	placing order	
DAY - OF - EVENT (PLEAS	E SELECT ONE OPTIC	ON):		
	Charge to cred	dit card on file for AL	L guests	
	Charge to credit card on file for AUTHORIZED SIGNERS only			
	Collect credit o	card from individual	placing o <mark>rder</mark>	
DESSERT CART (DI EASE SELE	ECT ONE OPTIONI):			
DESSERT CART (PLEASE SELECT ONE OPTION): Charge to credit card on file for ALL guests				
	☐ Charge to credit card on file for AUTHORIZED SIGNERS only			
	Collect credit card from individual placing order			
			Contor	
FRIDGE INSTRUCTION			CABINET INSTRUCTIONS:	
☐ Open for all ever			oen for all events	
 Lock for all events unless noted on 			ck for all events unless noted on	
Preorder form by an	authorized signe	r Preore	der form by an authorized signer	
SPECIAL REQUESTS/NOTE	<u>-</u> 5.			
STECTAL REQUESTS/1401E	<u>-0.</u>			
	EMERGEN	NCY CONTACT INFO	D:	
NAME:		PHONE:		