



# SPONSORSHIP APPLICATION FORM

27574 Commerce Center Drive, #233, Temecula, CA 92590 | Tel: (951) 286.0018

www.tasteoftahiti.org

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

First Name

Last Name

Company Name

Address

City

State

Zip Code

Phone Number (s)

Email Address

► I would like the following SPONSORSHIP PACKAGE:

AMOUNT APPROVED:

- Sponsorship Level 2 (Major Sponsor) = \$5,000+
- Sponsorship Level 3 (Platinum Sponsor) = \$3,000+
- Sponsorship Level 4 (Gold Sponsor) = \$2,000+
- Sponsorship Level 4 (Silver Sponsor) = \$1,000+

► I would like to make my payment as follow:

- Cash
- Check (payable to Taste of Tahiti)
- Credit card (see attachment)  
(Credit card Authorization must be signed)



# CREDIT CARD AUTHORIZATION FORM TASTE OF TAHITI 2018

Date: \_\_\_\_\_

Authorization to purchase products, goods and services from TASTE OF TAHITI on a continuing and/or one (1) time basis using the credit cards described herein and the terms described below, unless otherwise instructed in writing by the credit card holder.

Type of Card:  VISA  MASTER CARD  AMERICAN EXPRESS

Card Holder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of products, goods and services from TASTE OF TAHITI and to charge additional 4% service fee on my credit card as listed above to all amount listed in my invoice and/or to the following amount; \$ \_\_\_\_\_

**LIST PRODUCT INFORMATION PURCHASED:** \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned hereby states that the above described credit card is in my name and that I authorize voluntarily its use to purchase products and services from Taste of Tahiti and that the total purchases cost will be priced by the United States Currency. Orders for sold goods, services, products are to be placed by representatives, agents, employers of the above described company via writing or verbally from the credit card's holder listed above. Signed by the client [leader]:

**If my credit card is declined at the time of processing, we will contact you until is fully paid. If not, your product(s)/tickets will not be honored.**

\_\_\_\_\_  
Voluntarily sign and agree to the above terms

\_\_\_\_\_  
Date signed

**PLEASE COMPLETE ALL REQUIRED INFORMATION AND MAIL OR EMAIL TO US AT ACCOUNTING@TASTEOFTAHITI.ORG  
27574 COMMERCE CENTER DRIVE, SUITE 233 | TEMECULA, CA 92590 | (951) 286.6265 | WWW.TASTEOFTAHITI.ORG**