

THE INDEVENTS

Enter Event Name here: _____

Account Information (Required Information in red)

BUSINESS NAME:	_____	PHONE:	_____
ORDERED BY NAME:	_____	EMAIL:	_____
		# OF TICKETS:	_____
BILLING ADDRESS:	_____	# OF TABLES:	_____
CITY, ST, ZIP CODE:		AMOUNT DUE:	_____

Email this form to Business Mgr., Alwyn Delatte at AlwynD@theind.com or fax 337-983-0150

Credit Card Information (Required Information in red)

NAME ON CREDIT CARD:	_____		
CREDIT CARD TYPE <small>Visa, MasterCard, American Express or Discover</small>	CREDIT CARD NUMBER	EXP DATE	CVV#
_____	_____	_____	_____

Tickets will be mailed to the billing address above unless otherwise indicated below.

MAIL TICKETS TO:

MAILING ADDRESS:

CITY, ST, ZIP CODE:

Signature _____