Event Services Payment Form

Customer Information

Event Name: __________________________ Date of Event: ____________
Last Name: __________________________ First Name: __________________
Address: __________________________ City: __________ State: _____ Zip Code: ______
Email: __________________________ Phone: ______________

Method of Payment

Total Amount Due: $___________

(Check one)
Cash: _____ Check: _____ (payable to Student Union, Inc.) VISA _____ MasterCard _____
Card No. __________________________ Expiration Date __________ CVV #: _____
Cardholder’s Name __________________ Signature __________________ Date ________

By mail: Attention Leanne LoBue

Student Union, Inc. Attn: Event Services Office
Event Services Office Leanne LoBue
Student Union Building (408) 924-6300
One Washington Square leanne.lobue@sjsu.edu
San José, CA 95192-0155

Note: Must receive payment 30 days prior to event date. Reservation will be confirmed once payment has been processed.

Office Use Only: Confirmed Reservation: Yes _____ No _____ Date: ________ Initial: _____

Revised 2/20/2018