

Sioux City Musketeers Season Ticket Order Form

Date & Season

Date: _____ Effective for Season: 2020-2021

Customer Contact Information

Last Name: _____ First Name: _____

Company Name (if applicable): _____

Email Address: _____
(We send a weekly newsletter as well as invoice and ticket information out via email so please give us a valid email address. Thank you!)

Phone/Cell Number: P: _____ C: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Number of years as a Season Ticket Holder: _____

Season Ticket Information

Type of Purchase (check all that apply)		
<input type="checkbox"/> Renew same seat(s)	<input type="checkbox"/> Renew seat(s) + add a seat(s)	<input type="checkbox"/> Renew & relocate seat(s)
<input type="checkbox"/> New Season Ticket Holder	<input type="checkbox"/> Renew seat(s) + drop a seat(s)	<input type="checkbox"/> Renew & relocate seat(s) + drop a seat(s)

Seat Location Information			
Current / Old Seat(s)		New Seat(s)	
Section(s)		Section(s)	
Row(s)		Row(s)	
Seats(s)		Seat(s)	
Information on next 3 lines to be filled out by office staff only			
Circle Youth seat(s) above			
	Green Gold Tan Blue Line Box		Green Gold Tan Blue Line Box
	Green Gold Tan Blue Line Box		Green Gold Tan Blue Line Box

Season Ticket Information

Price Level	Price	# of seats			Sub Total
Blue Line Box	\$480.00	x		=	
Tan Level	\$445.00	x		=	
Military/Youth** Tan	\$355.00	x		=	
Gold Level	\$415.00	x		=	
Green Level	\$385.00	x		=	
Military/Youth** Green & Gold Only	\$295.00	x		=	
2019-20 COVID-19 Credit					
Early Pay/Referral				=	-
TOTAL					

**must show proof of military service/age.

Payment Information

I will pay in Full on or before September 4th with:

Cash

Check (payable to Sioux City Musketeers)

Credit Card listed below

**Please note that we will only send you an initial invoice and a statement again in July.*

I would like to have automatic monthly credit card payments run on my account with the credit card listed below:

**Please note that we will only send you an initial invoice and then automatically run the monthly payment on your credit card every month until tickets are paid in full.*

Credit Card Number: _____

Exp. Date: _____ CCV#: _____ (security # located on either the front or back of your card)

Billing Address _____

Address

City

Zip Code

Payment Schedule (to be filled out by office staff only)

Down Payment \$: _____ Monthly Payment Amount: _____

Down Payment Date: _____

Run Payment on: 1st of the month 15th of the month

First Payment Date: _____

Final Payment Date: _____

Customer Contact Information updated in financial software.

Customer Seat location updated in financial software.

Customer Contact Information updated in ticketing system.

Customer Seat location updated in ticketing system.

Paciolan Account #: _____

In House

Heather

Rich

Gabby

Other _____

Authorization Signature

I agree to the terms listed above, and to allow the Sioux City Musketeers to charge my credit card (if applicable) on the schedule listed above (if indicated).

Signature: _____ Date: _____

Signature of Season Ticket Holder

You may call our office with any questions or concerns that you have at 712-252-2116.

Please mail, deliver or fax (712-252-2117) this form and your payment to our office.

Sioux City Musketeers - P.O. Box 3313 – Sioux City, IA – 51102