



New Membership Reservation

Referred by: _____

Please Print

Name on Account _____

Name of Company if Applicable: _____

Mailing Address: _____

Daytime Phone _____ Evening/Cell Phone _____

Fax Number _____ Email Address: _____

Quantity of Club Seats Requested: _____ Minimum of Two (2) seats per account

- Five-Year Term Annual License Fee \$375.00 per year/per seat/plus tax
- Three-Year Term Annual License Fee \$450.00 per year/per seat/plus tax
- One Year Term Annual License Fee \$550.00 per year/per seat/plus tax

Payment and Deposit Requirements:

Deposit:

In conjunction with this request for a club seat license, a refundable deposit in the amount of 1/2 of the total license fee (per seat) is required with this application, and is applicable to your first year obligation. Should you not be granted licensed seats, you shall be reimbursed 100% of the deposit. Five-year Arena Club agreements will receive priority Club Seat selection. This order form is not a contract and does not guarantee the allocation of Club Seat licenses or club seat location, a contract will follow after deposit is received, upon execution of a contract the account will be activated

Before Arena Club Seats can be held, the licensee must sign this holding agreement and return with all deposits to:

SMG Premium Seating Department,
300 A. Philip Randolph Blvd,
Jacksonville, FL 32202
or fax to (904) 854-0601 email to angelag@coj.net

Make Checks Payable to: **SMG**

Payment Method (circle one): Check Credit Card

Card Type (circle one): VISA MASTERCARD AMEX DISCOVER

Name as it Appears on Card: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

Signature: _____ Date: _____

VIP SERVICES USE:		
Date of receipt:	Deposit Amount:	ClubSeat Contract Sent:
	Payment type	Account number