



**CREDIT CARD DIRECT BILLING AUTHORIZATION AGREEMENT  
FOR ADVANTAGE CARD PROGRAM**

**Authorization.** I authorize Stevens Pass to charge my credit card account designated below (“**My Account**”) for all fees and amounts due under this Credit Card Direct Billing Authorization Agreement (this “**Agreement**”) as such payments become due, and without further notice to or authorization by me. I understand that as a result of the backing by My Account of the Advantage Cards designated below (each a “**Designated Advantage Card**”), an advantage card holder designated below (the “**Participant**”) may head directly to a participating Stevens Pass ski lift without having to first purchase a daily lift ticket from the ticket sales window. In such a case, Stevens Pass may charge the applicable daily lift ticket rate to My Account each day that a Participant passes through a participating Stevens Pass ski lift gate with a Designated Advantage Card. In accordance with the Advantage Card promotion, I understand that Stevens Pass will not charge My Account for the first day of use each season that a Participant uses a Designated Advantage Card.

**Usage.** Your credit card can only be used for Lift Access only; it cannot be used for any other on-mountain purchases.

**Lost Cards.** I agree that I am responsible to report to Stevens Pass Guest Relations the loss or theft of any Designated Advantage Card and will pay all charges made on a Designated Advantage Card prior to any report of loss or theft.

**Suspension.** I understand that in the case of a declined charge on My Account, Stevens Pass may suspend the participation of any Designated Advantage Card.

**Changes.** I will notify Stevens Pass of any changes to My Account information or to any Participant’s personal information specified below, including but not limited to My Account credit card number, expiration date, and billing address, and to the names and addresses of any Participant. I agree to complete a new Credit Card Direct Billing Authorization Agreement for any such changes and for the addition or deletion of Participant.

**Termination.** I understand that I may change or terminate this Agreement either in person at **Stevens Pass Guest Relations** or by written notice via certified mail to: **Stevens Pass Accounting, PO Box 98, Skykomish, WA 98288**, or via email to the following email address: **accounting@stevenspass.com**. I agree that any changes to or termination of this Agreement require three (3) days prior receipt of notice by Stevens Pass before such changes or termination shall be effective. I shall be responsible for any charges, including charges for any Participant, made prior to the effective change date or termination date of this Agreement.

**Future Seasons.** I understand that this Agreement, if not otherwise terminated, shall apply to future seasons at Stevens Pass provided that I renew my participation in the Stevens Pass Advantage Card program through the normal process(s) provided by Stevens Pass.

**Collection.** I agree that Stevens Pass may pursue collection, including use of a collection agency, to recover any amounts due and unpaid under this Agreement. I further agree that Stevens Pass shall be entitled to recover its reasonable attorney’s fees and costs resulting from my failure to pay any such amounts owed under this Agreement when due.

**Choice of Law.** This Agreement shall be governed and construed by the laws of the State of Washington.

**PARTICIPANTS:** Please PRINT legibly Advantage Card holders name.

Advantage Card Holders Name	Notice Address	Date of Birth	Designated AC Number
1. _____ Advantage Card holder			
2.			
3.			
4.			

**CREDIT CARD INFORMATION**

I hereby authorize Stevens Pass to charge my credit card from time to time for all fees and amounts due under this Agreement. I also authorize Stevens Pass to charge my credit card for the fees and amounts attributed to each of the Participants named above under this Agreement.

Please PRINT legibly.

Visa       MasterCard       AmEx

Name (as it appears on credit card): \_\_\_\_\_

Last 4 Digits ONLY of Credit Card Number here: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Credit Card Billing Address:**

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Stevens Pass is committed to safeguarding your privacy. Stevens Pass will not share your credit card information with third parties, without your consent. **Website policy states: Stevens Pass will not sell your personal information to any third party companies or organizations.**

Acknowledged, approved and agreed:

\_\_\_\_\_  
Credit Card holder Signature