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Credit Card Authorization Form

SHOW NAME: _____

BOOTH NUMBER: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

CREDIT CARD TYPE:



CREDIT CARD #: _____

EXPIRATION DATE: _____

TOTAL \$ AMOUNT CHARGED: _____

PRINTED NAME: _____

SIGNATURE: _____

You may email, fax or call in your credit card authorization. All credit card payments require an additional charge of 3% fee. A copy of your credit card receipt will be emailed with the final invoice. Thank you.