

Credit Card Authorization Form

Show:	_____
Sales Representative:	_____
Today's Date:	_____

Exhibiting Company: _____

Booth Number: _____

Card Holder Name: _____

Please print name as shown on card

Credit Card Number: _____

Expiration Date: _____ **Billing Zip Code:** _____

Amount to be charged: _____

I hereby acknowledge and approve the dollar amount of the charge indicated.

Cardholder Signature

Special Instructions:

Office Use:	<input type="checkbox"/> Accepted: _____	<input type="checkbox"/> Declined - Message: _____
	Initials: _____	Run Date: _____