

The following information must be obtained for all credit card payments:

1. Total to be Charged: _____
2. Credit Card Type: VISA MASTERCARD AMEX DISC
3. Credit Card Number: _____
4. Expiration Date: _____
5. CVV # _____ (3 digits for V/MC & 4 digits AMEX)
6. First & Last Name on Card: _____
7. Company: _____
8. Billing Address: _____
9. City, State and Zip Code: _____
10. Phone Number: _____
11. Invoice Number: _____
12. Signature: _____
13. Email For Receipt: _____

If you would like for us to keep this credit card on file for the remainder of the show season, please indicate the following:

- Date to run card each month: _____
- Amount to run each month: _____
- Last date to run card: _____

PLEASE FILL OUT & FAX OR EMAIL TO: