

Credit Card Processing Form

Show Name: _____

Back # _____ Exhibitor: _____

Entry Fee Total: _____

Stall Fee: _____

Other Charges: _____

4% Fee: _____

Total to be charged to Card Below: _____

VISA _____ Mastercard _____ American Express _____ Discover _____

(A 4% processing fee will be added for all charge card orders)

Name on Card: _____

Telephone: _____ Email: _____

Billing Address: _____

Card Number: _____ Exp: _____

CCV# (back of card): _____

Signature of cardholder: _____ Date: _____

I authorize and acknowledge that the total charges listed above will be processed to my credit card.

Office Staff Initials : _____ Date card Run: _____