



## Credit Card Authorization

6907 West Side Saginaw Rd. Suite #7 Bay City MI 48706  
 Phone \* 989-686-0660 Fax \* 989-686-1560 \* Toll Free 1-800-549-9026

Name of Event: \_\_\_\_\_ Show Dates: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Booth Number(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please Type or Print)**

PLEASE DUPLICATE FORM FOR YOUR OWN RECORDS BEFORE RETURNING ORIGINALS  
 PLEASE SIGN AND DATE UPON ACCEPTANCE OF RENTAL AGREEMENT. ALL ORDERS MUST BE  
 RECEIVED TEN DAYS PRIOR TO SHOW DATES TO QUALIFY FOR ADVANCE PRICE SCHEDULE.

Furniture Order Form Total	_____
Carpet Order Form Total	_____
Drayage Order Form Total	_____
Misc. Order Total	_____
Processing fee 3%	_____
<b>Total Balance Due</b>	_____

CREDIT CARD INFORMATION

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CARDHOLDER INFORMATION

Cardholder's Name (print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholders Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_