



CREDIT CARD AUTHORIZATION FORM

Please complete the following information to pay for your exhibit space for the SURFACES via credit card.

COMPANY INFORMATION

Company Name: _____

Exhibiting As (if applicable): _____

CREDIT CARD INFORMATION

Amount to charge: _____

Visa MasterCard American Express

Card #: _____

Company Name: _____

Name of Card Holder: _____

Address of Cardholder: _____

City _____ State _____ Zip Code _____

Cardholder Signature: _____ Expiration Date: _____

Invoice # _____ Booth # _____

If you need any additional information please contact the SURFACES Team at 800.547.3477 or 972.536.6400.

**Fax completed form to Accounting department at 972.536-6405.
For Accounting questions, please call 972.536.6300**

CONFIDENTIAL

Please call the above phone number if you experience problems with this transmission, or if received by an unintended party.