

# Garden State Exhibit Center

## CREDIT CARD PROCEDURE FORM

If you wish to charge the amount of your order to your credit card account, please complete the information requested below and return the form with your orders.

(Please Print)

NAME OF SHOW: \_\_\_\_\_ DATES: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX # \_\_\_\_\_

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any of the amount of these charges. I also agree that all charges contained in this amount are correct and any disputes or requests for copies of charges must be made within five days after my departure.

CARD MEMBER NAME: \_\_\_\_\_  
(as it appears on the card)

CHARGE TO:     MC     VISA     AMEX    EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAKE A COPY FOR YOUR FILES**

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