

# 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: \_\_\_\_\_