CREDIT CARD CHARGE AUTHORIZATION

Company Name _____ Show Date_____

Address _____

Phone _____ Fax _____

Ordered By _____Signature _____ Booth No. _____

If you would like to charge the amount of your advanced or materials handling orders to our credit card account, please complete the information requested below and mail this with your order.

Payment option: ❑ MasterCard ❑ Visa ❑ American Express ❑ Diners Club

Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date _____

If using MasterCard, indicate the four numbers above your name. _____

Please indicate the following:

❑ Personal Credit Card

❑ Company Credit Card

Cardholder's Signature _____

PRINT THE FOLLOWING INFORMATION:

Cardholder's Name: _____

Cardholder's Billing Address: _____

City/State/Zip _____

REMIT TO: PHOENIX EXPO CONVENTION & DRAYAGE SERVICES
1325 N. 105th PLACE
MESA, AZ 85207 OR FAX TO (480) 358-1003

EVENT NAME: Arizona Music Educators Association