



CREDIT CARD PROCESSING FORM

ALL INFO TO REMAIN CONFIDENTIAL

Date: _____

Company Name: _____

Exhibiting As (if different than above): _____

Cardholder Name: _____

Billing Street Address: _____

Billing City / State / Zip: _____

Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card #: _____

Expiration Date: ____ / ____ Security Code: _____

Amount to Charge: \$ _____

Booth #: _____

NOTES: _____

FOR OFFICE USE ONLY

Authorized by / Spoke To: _____

Contact info to fax/email receipt to: _____

Call taken by: _____ Date: _____

Transaction Processed by: _____ Date: _____

Transaction ID: _____

Receipt Sent to: _____ Date: _____

Notes: _____