



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