

WWETT ShowCredit Card Authorization Form

Please complete the following information to make a payment to WWETT Show via credit card.

Company information			
Company Nam	ne:		
Exhibiting As (i	if applicable):		
Billing Informa	ation		
Cardholder nar	me:		
Billing address	:		
City:		State:	Zip code:
Invoice #:			Booth #:
Amount to ch	arge:		Date:
We understan	nd that all deposits/final payme	ents are non-refundable. Cre uding cancellations (as state	edit card payments are subject to all terms and ed in Paragraph 6.) In signing this form it is
*For security re	easons digital signatures are no	t accepted.	
	y additional information, please I department, please call 972.53		972-536-6382. If you have questions for
·	secure fax line <u>97</u>	<u>72-550-5390</u> or throug	ition must only be received via our gh our online portal.
	will be shredded once the ca		
□ Visa	☐ MasterCard	☐ American Express	COMPLIANT
Card #:			
Expiration Date	o.		