

## **Credit Card Authorization Form**

CREDIT CARD PAYMENTS - PLEASE PRINT CLEARLY						MasterCard	DISC®VER
Artist Name:					VISA -	industry care	
Name on Credit Card:							
Billing Address:	Street:						
S						_	
Credit Card #:					CCV#		
Expiration Date _	/						
\$ Amount HAE/A SHOW) \$		put on card (YOUR CAR	D WILL NOT BE C	HARGED U	NLESS A	CCEPTED	то а
If accepted to the show, the balance will be due 30 days prior to the event. Please indicate the amount of money to be charged per show.							
Show Name(s) and amount per show:							
Show Ivanic(s) an	d amount per sno	•••					
Preferred Phone N	umber:		(circle one)	cell hor	ne off	ice/studio	-
Address:	· · · · · · · · · · · · · · · · · · ·						_
License Plate #	e # Trailer Plate #			State:			
Cell:		Email:					_
Company Name:			Website:				
Do you use a quie	t generator (i.e., Ho	nda 2000) at the shows?	(circle one)	yes OR	no		
Signature:							
instates for ART Endeavors instat to credit card cl exhibitor cancel cancels a CRAF on file for future	T shows; I agree tes for CRAFT she harge backs as a s an ART show (T show 30 days pre-charges.	I understand the sixty that I understand the tows. I understand and means to mediate displays prior to the exprior to the event, we wish, please contact us.	hirty (30) day ca agree to these terroutes. Please note vent, we will issu	ncellation  ms and exp  e that we  le a compa	policy A pressly w do not g any cred	American raive any raive refundati. If exhibit.	Craft rights ds. If bitor

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