

Credit Card Authorization Form

| CREDIT CARD | PAYMENTS - P | LL/ISL I KIIVI CLL/IIV | | | | Master Card DISCOVER AMERICAN EXPRESS |
|---|---|---|--------------------------|----------------|-----------|---------------------------------------|
| Artist Name: | | | | | | *AMEX accepted for ART shows on |
| Name on Credit C | ard: | | | | | |
| Billing Address: | Street: | | | | | |
| | City: | | State: | Zip: | | |
| Credit Card #: | | | | CC | CV# | |
| Expiration Date _ | / | | | | | |
| | CE is outhorized t | to put on card (YOUR C | ARD WILL NOT BE CH | ARGED UNL | ESS ACCE | PTED TO A SHOW) |
| \$ Amount HAE/A | CE is aumorized | • | | | | |
| \$ | show, the balan | • | prior to the event. Plea | se indicate tl | he amount | of money to be charged per |
| \$ If accepted to the show. Show Name(s) / I | show, the baland | • | | | | of money to be charged per |
| \$ If accepted to the show. Show Name(s) / I Preferred Phone N | e show, the baland Date(s) and amou | ınt per show: | (circle one | e) cell | | |
| \$S If accepted to the show. Show Name(s) / I Preferred Phone N How would you li | e show, the balance Date(s) and amount Tumber: ke customers to co | int per show: | (circle one | e) cell | home | office/studio |
| \$ If accepted to the show. Show Name(s) / I Preferred Phone N How would you li Address: | e show, the balance Date(s) and amount Jumber: ke customers to co | ontact you: | (circle one | e) cell | home | office/studio |
| \$S If accepted to the show. Show Name(s) / I Preferred Phone N How would you li Address: License Plate # | Pate(s) and amount to compare to | ontact you: | (circle one | e) cell | home | office/studio |
| \$S If accepted to the show. Show Name(s) / I Preferred Phone N How would you li Address: License Plate # Cell: | e show, the balance Date(s) and amount Tumber: ke customers to co | int per show: ontact you: Trailer Pla | circle one | e) cell | home | office/studio |
| \$S If accepted to the show. Show Name(s) / I Preferred Phone N How would you li Address: License Plate # Cell: Company Name: _ | e show, the balance Date(s) and amount Tumber: ke customers to co | ontact you: Trailer Pla | (circle one | e) cell | home | office/studio |

By signing this form, I agree that I understand the sixty (60) day cancellation policy Howard Alan Events instates for ART shows; I agree that I understand the thirty (30) day cancellation policy American Craft Endeavors instates for CRAFT shows. I understand and agree to these terms and expressly waive any rights to credit card charge backs as a means to mediate disputes. Please note that we do not give refunds. If exhibitor cancels an ART show 60 days prior to the event, we will issue a company credit. If exhibitor cancels a CRAFT show 30 days prior to the event, we will issue a company credit. This card will not be kept on file for future charges.

*If you have any additional updates, please contact us.

Howard Alan Events/American Craft Endeavors 270 Central Blvd., Suite 107B, Jupiter, FL 33458 Phone: (561) 746-6615 Fax: (561) 746-6528