



Howard Alan Events Credit Card Authorization Form

CREDIT CARD PAYMENTS - PLEASE PRINT CLEARLY

Artist Name: _____ (circle one)



Name on Credit Card: _____

Billing Address: Street: _____ City: _____ State: ___ Zip: _____

Credit Card #: _____ CCV# _____

Expiration Date ____/____

\$ Amount HAE is authorized to put on card (YOUR CARD WILL NOT BE CHARGED UNLESS ACCEPTED TO A SHOW) \$ _____

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:

Phone Number: _____

Address: _____

License Plate # _____ Trailer Plate # _____ State: _____

Cell: _____ Email: _____

Signature:

By signing this form, I agree that I understand the sixty (60) day cancellation policy Howard Alan Events instates. 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 a show 60 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.**

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