

Credit Card Authorization Form

Date:	
Exhibitor Name:	
Payment For:	Exhibit Parking Tickets Exhibitor Other:
Show:	
Credit Card:	☐ Visa ☐ Master Card ☐ Discover ☐ American Express (15 digits
Card Number:	
Expiration Date (MM/YYYY)	
Cardholder Nam	ne: Billing ZIP Code:
Payment Amour	nt: \$
	SIGNATURE AUTHORIZATION
I authori	ze Marketplace Events to charge my credit card as indicated above:
Signatur	e:
Date:	
	PLEASE SIGN AND FAX THIS FORM TO: 816-931-4782

Marketplace Events 4050 Pennsylvania Ave. Suite 141 Kansas City, MO 64111

Ph: 816-931-4686 Toll Free: 855-931-7469 Fax: 816-931-4782

Office Use
Accepted
Declined (message):
Initials & Date: