

AUTHORIZATION FOR EQUINE AFFAIRE TO CHARGE CREDIT/DEBIT CARD

This credit/debit card authorization pertains only to fees associated with the undersigned exhibitor's participation in the Equine Affaire taking placing in **W. Springfield, MA, on November 8-11, 2017.** All information requested below must be provided and form must be signed by the card holder.

Name as it appears on Exhibitor /	Application/(Contract:		
Cardholder's Name:				_
Card Type: O Visa O M	asterCard	O Discover	O American Express	O Debit
Credit Card Number:				_
3-digit code:	-	Expiration Da	te:	
Card Billing Address:				
Cardholder's Phone #:		_ Zip co	ode:	-
Event-related fees which may be Initial 50% deposit on exhibit space Full payment on exhibit space lis Final payment on exhibit space Program advertising fee	ace listed in o	contract (\$)	
Electrical service as described of Additional exhibitor badges				
Credit/debit card use convenience				
The undersigned authorizes Equine fees described above. The undersigned above and that another authorized above and that another authorized fees associated and accepts that a 2% credit/debit cand added on all amounts charged by the	ned understa uthorization fo ed with any ot ard use conve	nds that <u>this card</u> orm must be comp her Equine Affaire enience fee will be	authorization pertains only bleted and signed to author e. The undersigned further e assessed by Equine Affair	to the event ize Equine understands
Cardholder's Signature		Date of Signatu	ıre	