

PAYMENT AUTHORIZATION FORM

WIPCCC Career Fair
February 18, 2014
Exposition Center at WI State Fair Park – Hall C
West Allis, Wisconsin

INCLUDE THE WI EXPO PAYMENT AUTHORIZATION FORM WITH YOUR ORDERS DUE: FEBRUARY 10, 2014

Dear Exhibitor,

To guarantee the services you desire, please fax your order along with the completed credit card authorization form below. We accept checks (payable to Wisconsin Expo, Inc.) or credit cards for payments. To keep expenses manageable, for all parties concerned, we prefer payment by company check. Please indicate your intentions below:

- Yes**, we will be mailing a check, along with order(s), to arrive on or before **February 10, 2014**. Please do not process the credit card information listed below.

- No**, we prefer to pay for the indicated services with the credit card information provided.

CREDIT CARD AUTHORIZATION

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Company Name: _____ Booth #: _____
Billing Address: _____ Fax #: _____
City: _____ State/Zip: _____
Phone number: _____ Email: _____

American Express MasterCard Visa

Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration Date: _ _ / _ _ Card Security Code: _ _ _

Cardholder's Address (if different than above) _____

City/State/Zip _____

Cardholder's Name (print): _____

Cardholder's Signature: _____



Send form and payment to: **Wisconsin Expo, Inc.**
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