



1816 West St. Germain Street  
St. Cloud, MN 56301

Ph: 320-253-4050  
Fx: 320-253-3324

### Credit Card Authorization Form

Show: # #3531 Show Name ITEM Fall Conference

All payment arrangements for services must be made prior to the show. Please complete this form and fax to A & N with payment instructions. A confirmation of the final charges will be sent to all exhibitors after the close of the show. If you have any questions, please call A & N Convention Services at (320) 253-4050.

Booth # \_\_\_\_\_  
Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Description:  Furniture Rental    Freight:  Inbound     Outbound     Other

Credit Card Payment:

Visa / MC / \*\*AmEx / Disc \_\_\_\_\_ Exp \_\_\_\_\_ CV Code \_\_\_\_\_  
\*\* Use 4 digits on front of AmEx

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Send Confirmation via:  Email \_\_\_\_\_  
 Fax                       Mail to Above Address                       No Thanks!

**Please fax completed form to A & N Convention Services at (320) 253-3324.**

Description of Services Charged (for office use only)

<input type="checkbox"/> Furniture Rental	\$ _____
<input type="checkbox"/> Freight - Inbound _____	\$ _____
<input type="checkbox"/> Freight - Outbound _____	\$ _____
<input type="checkbox"/> Freight Handling: Special Trip	\$ _____
<input type="checkbox"/> Freight Handling: Return to Warehouse Shipping Fee	\$ _____
<input type="checkbox"/> Other Services: _____	\$ _____
<input type="checkbox"/> Other Services: _____	\$ _____
Subtotal:	\$ _____
Sales Tax ( 7.275 %)	\$ _____
<b>Date Charged:</b> _____	<b>Total Charged: \$</b> _____