



CREDIT CARD AUTHORIZATION FORM

Please complete the following information to pay for your exhibit space for the **International Roofing Expo** via credit card.

COMPANY INFORMATION

Company Name: _____

Exhibiting As (if applicable): _____

CREDIT CARD INFORMATION

Amount to charge: _____

Visa MasterCard American Express

Card #: _____

Company Name: _____

Name of Cardholder: _____

Billing Address of Cardholder _____

City _____ State _____ Zip Code _____

Cardholder Signature: _____ Expiration Date: _____

Invoice # _____ Booth # _____

If you need any additional information please contact the International Roofing Expo Team at 800.684.5761 or 972.536.6415.

For accounting questions, please call 972.536.6300.

Fax completed form to the accounting department at 972.536.6405.

CONFIDENTIAL

Please call the above phone number if you experience problems with this transmission, or if received by an unintended party.
