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| --- | --- |
| HLOOM.png | Company NameCredit Card Authorization Form |

|  |  |
| --- | --- |
| Date: |  |
| Exhibitor Name: |  |
| Exhibitor Registration ID #: |  |
| Card Holder’s Name: |  |
|  |  |
|  | **MC** |  | **VISA** |  | **AMEX** |
| Credit Card: |  |  |  |  |  |
|  |  |
| Credit Card Number: |  |
|  |  |
| CCV (Security Code): |  |  |  |  |  |
|  |  |
| Expiry Date: |  |  |  |  |  |
|  |  |
| Amount in USD: |  |
|  |  |
| Card Holder’s Signature: |  |

NOTE: Please return the completed form together with a copy of the front and back of the credit card.

**RETURN COMPLETED FORM TO:**

**Company Name**

**123 Park Avenue, Michigan 69789 MI**

**FAX: 123 123 4567 | TEL: 123 456 7899 | E-mail: info@site.com**