



NAME OF SHOW _____

BOOTH NUMBER _____

METHOD OF PAYMENT / AUTHORIZATION FORM

COMPANY NAME _____ MOBILE NUMBER _____

CONTACT PERSON _____ E-MAIL _____

CREDIT CARD PAYMENT INFORMATION

A valid credit card MUST be on file with Manny Stone Decorators before any goods or services will be provided regardless of your preferred method of payment. This information may be provided by e-mailing this form to orders@mannystone.com

All accounts for pre-show orders must be settled prior to the start of the show set up. Your credit card will be processed for any additional services or materials requested at the show site and will be processed within 10 days of close of the show.

No Credit Card on International Banks will be accepted. Please contact our office for wire transfer instructions.

This form is to be completed by an authorized representative of the exhibiting company.

CREDIT CARD AUTHORIZATION

Please complete the information below and submit with your order. Incomplete and/or unsigned forms cannot be accepted.

MASTERCARD VISA AMERICAN EXPRESS

ACCOUNT NUMBER _____
EXPIRATION DATE ____ / ____ SECURITY CODE _____
(M/C and Visa 3 digit code back of card • AMEX 4 digit code front of card)

CARDHOLDER NAME (PLEASE PRINT) _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

To simplify payment and eliminate any credit card processing fees, please send a check payable to Manny Stone Decorators for your entire pre-show order to the address below or contact our office for wire transfer information. Please indicate your preferred form of payment for your entire pre-show order. All credit card charges are subject to a 4% credit card processing fee.

- Charge my credit card in the amount of \$ _____ (plus an additional 4% credit card processing fee)
- Enclosed is a check in the amount of \$ _____
- Wire transfer to be submitted in the amount of \$ _____ (please contact our office for wire transfer instructions)

By utilizing this form, exhibitors acknowledge that they have read and agree to comply with the terms of the Method of Payment/Authorization Form.

AUTHORIZED SIGNATURE _____

AUTHORIZED NAME (PLEASE PRINT) _____ Date _____