

CREDIT CARD AUTHORIZATION FORM



I hereby certify that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize National Fitness Productions to charge my credit card indicated in this authorization form according to the terms outlined below.

COMPANY: _____

CONTACT NAME: _____

EXPO/YEAR: _____

AMOUNT: \$ _____

REASON FOR CHARGE

BOOTH

HEALTH

OTHER

CREDIT CARD TYPE: VISA MC AMEX DISC

CREDIT CARD #: _____

SEC. CODE (on back of card): _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

NAME ON CARD: _____
(as it appears on card)

CARDHOLDER SIGNATURE: _____
**Reserved for cardholders only. Electronic signatures are not accepted*

DATE: _____

Policy & Disclaimer:

Vendors with consumable products (vitamins, supplements, food, beverage, etc) will be preauthorized for a health permit plus \$15 processing fee.

In the event of cancellation by Exhibitor, request must be made in writing. If Show Management receives notification on or before cancellation date on Exhibitor Contract, 50% of the payment will be returned. All sales are final after that date.

Show Management makes no claims as to the Show's suitability for a particular purpose of the Exhibitor, and the Exhibitor expressly agrees that the expectations and responsibility for benefit are solely its own, regardless of actual on-site attendance or return on investment.

By signing this CCAF, I acknowledge and accept the terms of the Exhibitor Contract.

RETURN THIS FORM VIA EMAIL OR MAIL TO:

National Fitness Productions
Robyn Baer, Administrative and Sales Manager
722 Americana Way #201
Glendale, CA 91210

PHONE: (888) FIT-EXPO or (888) 348-3976
Sales@TheFitExpo.com