

# 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:

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.

## SEND FORM TO:

National Fitness Productions  
Robyn Baer, Administrative and Sales Manager  
722 Americana Way #201  
Glendale, CA 91210  
FAX: (818) 230-0468  
PHONE: (888) FIT-EXPO or (888) 348-3976  
robyn.baer@thefitexpo.com