

CREDIT CARD AUTHORIZATION FORM

Name:	Date:
Phone Number:	
Email:	
I approve use of this credit card for all charges noted below:	
Total Amount to be charged:	
Cardhaldar'a Nama	
Cardholder's Name:	
Credit Card Number:	Exp Date:
Cardholder's Signature:	

For your protection, please do not submit your full credit card information via email. Instead, please fax: 972-458-8119, call: 972-687-9203 or mail.

International Association of Exhibitions and Events™

Attn: Accounting

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