

## **ArchitectureBoston Expo**Credit Card Authorization Form

Please complete the following information to make a payment to the ArchitectureBoston Expo via credit card.

Company info	ormation		
Company Nam	ne:		
Exhibiting As (i	if applicable):		
Billing Inform	ation		
Cardholder na	me:		
Billing address	:		
City:		State:	Zip code:
Invoice #:			Booth #:
Amount to ch	arge:		Date:
Cardholder Sig	gnature*:	Email:	
conditions on		luding cancellations (as stated	lit card payments are subject to all terms and I in Paragraph 6.) In signing this form it is
*For security	reasons digital signatures ar	re not accepted.	
	y additional information, please lease call 972.536.6300.	e call 866.606.7765 or 972.536.6	6385. If you have questions for the accounting
PCI compl		y credit card informat 72-550-5390 or through	ion must only be received via our our online portal.
 <			
This section	will be shredded once the ca	ard has been approved.	PCI
□ Visa	☐ MasterCard	☐ American Express	COMPLIANT
Card #:			CVV Code:
Expiration Date	e:		