

CREDIT CARD CHARGE AUTHORIZATION FORM

47TH ANNUAL
Hotel, Motel & Restaurant Supply Show
OF THE SOUTHEAST

Please completely fill out form, sign and return by Mail or Fax

COMPANY NAME: _____

CARDHOLDER'S NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF CARD: VISA _____ M/C _____ AMEX _____

CARD NUMBER: _____

EXP. DATE: _____ CODE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Booth # (if applicable): _____

I HEREBY AUTHORIZE THE CREDIT CARD CHARGE OF: \$ _____

**Please note there is a 3.5% Administrative Fee added to all Credit Card transactions and Credit Card billing statements will show Leisure Time Unlimited, Inc., Producers of HMRSSS.*

**I, the cardholder, authorize the amount stated to be charged to the above credit card account. I understand these charges are non-refundable and on-transferable. Furthermore, I, the cardholder, agree to this payment to be pursuant to, and I agree to be bound by the Hotel, Motel & Restaurant Supply Show of the Southeast contract.*

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