

# CREDIT CARD PAYMENT FORM

RETURN TO:  
CINERGY CENTER  
525 ELM STREET  
CINICNNATI, OHIO 45202  
TELEPHONE: (513) 352-3750 FAX: (513) 352-6226

Our Policy requires that 100% payment accompany all advance orders for services. This form, containing your CREDIT CARD information, must be completed and forwarded to the Cinergy Center prior to the show. ALL ORDERS RECEIVED ON SHOW SITE WILL BE CHARGED AT THE FLOOR RATE. ALL AREAS OUTSIDE THE USA MUST PAY IN AMERICAN DOLLARS OR USE CREDIT CARDS LISTED BELOW.

## CREDIT CARD INFORMATION

(VISA/MASTERCARD ONLY - NO OTHER CREDIT CARDS ACCEPTED)

PRINT: Card Holder Name \_\_\_\_\_

PRINT: Card Holder Address \_\_\_\_\_

Account Number \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Advance charges may also be paid by check. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event for services ordered but not used.

## SERVICES ORDERED

Electrical Service \_\_\_\_\_

Exhibitor Labor \_\_\_\_\_

Utilities – Air, Gas, Water \_\_\_\_\_

Carpet Vacuuming/Shampooing \_\_\_\_\_

TOTAL AMOUNT DUE (CREDIT CARD  
PAYMENT FOR THIS AMOUNT) \_\_\_\_\_

Name of Event MS&T 2006 Date of Event Oct 15-19, 2006 Booth No. \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Firm Address

\_\_\_\_\_ STREET CITY STATE ZIP CODE

Ordered By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print or Type Name & Title)

OFFICE USE ONLY: \$ \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ CHECK NO. \_\_\_\_\_