



**FAX BACK TO ATT: \_\_\_\_\_ 714 438 4993**  
**EXHIBITOR CREDIT CARD AUTHORIZATION FORM**

This form constitutes an authorization to process my credit card for any payment required for the stated person(s) as indicated below.

EXHIBITOR NAME: \_\_\_\_\_ BOOTH # \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ CC# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_  
 (Type)

CARDHOLDER (Name as Imprinted on Card): \_\_\_\_\_

**BILLING / PAYMENT:**

QTY or DATES	\$
_____ Internet @ 350.00++ 1 <sup>st</sup> line/per day	_____
_____ Internet @ 75.00++ additional lines/ per day	_____
_____ Power @ 25.00 Ea./ per day	_____
_____ Additional Tables @ 10.00 Ea. Per day	_____
_____ Boxes @ \$5.00 each	_____
_____ Pallets @ 50.00 each	_____

++ add 22% service charge and 7.75% tax.

\_\_\_\_\_ **FULL PAYMENT FEES.**

I hereby authorize payment for All Charges for services to be provided by the Hilton Costa Mesa for the event date(s) stated above. I understand that an approval will be obtained for total charges and a receipt will be mailed. Any remaining balance resulting from additional charges on the day of your event are due and payable upon completion of the function.

*I understand if no other arrangements for billing have been established by the completion of the function, all charges will be automatically be processed on the above stated credit card.*

\_\_\_\_\_

GROUP/COMPANY AUTHORIZED SIGNATURE

DATE