

Company Information

International Pool | Spa | Patio Expo Credit Card Authorization Form

Please complete the following information to make a payment to the International Pool | Spa | Patio Expo via credit card.

Company N	lame:		
Exhibiting A	As (if applicable):		
Billing Info	ormation		
Cardholder	Name:		
Billing Addr	ess:		
City:		State:	Zip Code:
Invoice #: _			
**Amount	to Charge:	Date:	
Cardholder	Signature*:		
terms and o	conditions on the boot		Credit card payments are subject to all tions (as stated in paragraph 6.) In signing and conditions.
*For securit	ty reasons, digital sign	atures are not accepted.	
•		or booth information, please call 80 department, please call 972.536.63	0.684.5761 or 972.536.6365. If you have 300.
	our secure fax	line at 972.536.5390 or thr	ormation must be received via ough the online portal.
This section	n will be shredded ond	ee the card has been approved.	PCI
□ Visa	☐ MasterCard	☐ American Express	
Card #:		CVV Code:	Expiration Date: