C	redit (	Card	Autho	orizatio	on
&	Payn	nent	Inforn	nation	



Name of Show:	Rite Aid Cleveland Marathon		
Date of Show:	May 13 & 14, 2011		

This form must be returned to Miller's at the address or fax number below along with your check or credit card information.

Full payment of sale and/or rental charges must accompany your order. A purchase order is not considered payment. All orders received after the deadline date of **5/06/2011** at the exhibition site will be charged at the show rates.

If your company, or a division of your company, has an unsatisfactory payment record with Miller's, you will be placed on C.O.D. status. In this case, you will be notified and all orders in any amount must be paid at the time of the order.

All orders must be paid in advance by Company Check, MasterCard, Visa or American Express credit cards. All payments must be made in U.S. funds drawn on a U.S. Bank.

IF PAYING BY CHECK, PLEASE C	OMPLETE THE FOLLO	DWING:			
Check Number:		In the amount of \$			
IF PAYING BY CREDIT CARD, PLE	ASE COMPLETE THE	FOLLOWING:			
Charge to: D MasterCard	🗅 Visa 🛛 America	an Express			
Account Number:		Expiration Da	ate: A	uth. Code	
	_		I_		
Cardholder's Name:					
Cardholder's Address:					
City:		State	:	Zip:	
Cardholder's Signature:			Today'	s Date:	_//
As a convenience to you, we will also use	this authorization form to c	harge any additional	services incurr	ed during the sho	ow to your account
Company:					
Address:					
City:		_ State:		ZIP:	
Print Name:		E-	Mail:		
Phone:		Fax:			
Purchase Order #	Booth # _		Date: _	/	/
869 West Waterloo Road Akron, OH 44314		-9104 Akron -6622 Canton		(330) 753	3-9298 Fax
E-Mail: cwm@n	nillersparty.com	Web: v	vww.millerse	expo.com	