Credit Card Authorization & Payment Information



Name of Show: Name of Show

Date of Show: Date of Show

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 *(Date)* 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 COMPLETE THE FOLLOWING:			
Check Number: D	ated:	In the amount	of \$
IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:			
Charge to: ☐ MasterCard ☐ Visa ☐ American Express			
Account Number:	Expiration	on Date: Auth.	Code
		_	_
Cardholder's Name:			
Cardholder's Address:			
City:		State:	Zip:
Cardholder's Signature:		Today's Dat	e:/
As a convenience to you, we will also use this authorize	zation form to charge any addit	ional services incurred du	uring the show to your account.
Company:			
Address:			
City:			
Authorized Signature:		E-Mail:	
Phone:	Fax:		
Purchase Order #	Booth #	Date:	//

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