



CREDIT CARD AUTHORIZATION FORM

Please complete the following information to pay for the WOC Contract Payment via credit card.

COMPANY INFORMATION

Company Name: _____

Exhibiting As (if applicable): _____

CREDIT CARD INFORMATION

Amount to charge: _____

Visa MasterCard American Express

Card #: _____

Name of Cardholder: _____

Billing Address of Cardholder: _____

City: _____ State: _____ Zip Code: _____

Cardholder Signature: _____ Expiration Date: _____

Invoice # _____ Booth # _____

If you need any additional information please contact the WOC Team at 888.962.7469 or 972.536.6370.

**Fax completed form to Accounting department at 972.536.6405.
For Accounting questions, please call 972.536.6300**

CONFIDENTIAL

Please call the above phone number if you experience problems with this transmission, or if received by an unintended party.
