



CREDIT CARD AUTHORIZATION FORM

Please complete and email to
mail@WRexpo.com

Do not forget to include the signature of the cardholder.

I hereby authorize **Show Winners Corp DBA WR Expo** to charge my credit card as per below:

Company: _____

Contact Person: _____ Phone (____) _____

Amount: \$ _____

Payment Description: _____

Date: _____

CREDIT CARD VISA ____ MC ____ AMEX ____ DISC ____

Number: _____ ~~****~~ ~~0000~~ ~~1234~~ Expiration: _____

Cardholder: _____ Cardholder signature: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____