



# CREDIT CARD CHARGE AUTHORIZATION

Visa, MasterCard, American Express

Return to Desert Display Services, Inc. (DDS) - 3133 Boeing Road; Cameron Park, CA 95682  
Contact us Online: [www.desertdisplay.com](http://www.desertdisplay.com) Phone: (o) 530-672-1477 or (m) 916-761-3285  
[bcook@desertdisplay.com](mailto:bcook@desertdisplay.com)

Please complete, sign and return by email

CREDIT CARD HOLDER INFORMATION	
Name on card:	_____
Type of Account:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Company Name:	_____
Billing Address:	_____ _____ _____
Phone Number:	( ) _____
Email Address:	_____
CREDIT CARD INFORMATION	
Credit Card:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Card Number:	xxxx-xxxx-xxxx-_____ (only provide last 4 digits of credit card number)
Expiration Date:	(mm/yy) ____ / ____ Security Code: <u>xxxx</u>
<b>Please call 916-761-3285 to provide complete credit card number and security code, after emailing completed form.</b>	
PAYMENT INFORMATION	
Invoice Number:	_____
Authorized Amount:	\$ _____
Show Name:	_____
Exhibitor Name:	_____
AUTHORIZATION OF USE	
I certify that I am the authorized holder and signer of the credit card referenced above.	
I certify that all information above is complete and accurate.	
I hereby authorized collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. If additional charges are going to be authorized a new form will need to be submitted.	
SIGNATURE AUTHORIZATION	
Cardholder Name:	_____
Signature:	_____
Date:	_____