

PAYMENT AUTHORIZATION FORM



**Georgia World Congress Center
Georgia Dome**

285 Andrew Young International Blvd.
Atlanta, GA 30313
Engineering Department
Telephone: (404) 223-4800 Fax: (404) 223-4813

CHICK-FIL-A BOWL FEST

DISCOUNT PRICING AVAILABLE UNTIL **NOV 19, 2012**

STANDARD RATES WILL APPLY AFTER THIS DATE

Please complete the information requested below and return this form with your orders. You may choose to pay by check, made payable to Georgia World Congress Center, credit card, or bank wire transfer. We require your credit card authorization to be on file before we process your order(s) for service. We reserve the right to use this your credit card account for any unpaid balance due or for any additional amounts incurred as a result of show site orders placed by your representative.

WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page.

NOTE: A service charge may be added for processing U. S./International wire transfers by your banking institution

The following information must be included on the bank copy of the wire transfer confirmation:

<input checked="" type="checkbox"/> Name of Event You Are Attending	<input checked="" type="checkbox"/> Banking Institution Information:
<input checked="" type="checkbox"/> Exhibiting Company Name	Bank Name: Wachovia Bank
<input checked="" type="checkbox"/> Booth Number	Address: 191 Peachtree Street Atlanta, GA 30303
	Please call for the following information:
	Routing # Account #
	Account Type Swift Code

CREDIT CARD INFORMATION

Type of Card: AmEx M/C VISA Discover Card Diners Club

Credit Card #: Expiration Date:

Billing Address: _____

City, ST, Zip: _____

Name as it appears on card: _____

Authorized Signature: _____

EXHIBITING COMPANY INFORMATION

Please complete the following information:

COMPANY NAME: _____ BOOTH #: _____

COMPANY ADDRESS: _____ PHONE: () _____-

CITY/STATE/ZIP: _____ FAX: () _____-

CONTACT NAME: _____ EMAIL: _____