

Please complete the following information to make a payment to R|D|J via credit card.

Company information

Company Name: _____

Exhibiting As (if applicable): _____

Billing Information

Cardholder name: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Invoice #: _____ Booth #: _____

Amount to charge: _____ **Date:** _____

Cardholder signature*: _____

We understand that all deposits/final payments are non-refundable. Credit card payments are subject to all terms and conditions on the booth space contract including cancellations (as stated in Paragraph 6.) In signing this form it is confirmed that you have read and agreed to the terms and conditions.

**For security reasons digital signatures are not accepted.*

If you need any additional information, please call 800-681-6970 or 972-536-6333. If you have questions for the accounting department, please call 972.536.6300.

PCI compliance requires that any credit card information must only be received via our secure fax line 972-550-5390 or through our online portal.

✂ _____

This section will be shredded once the card has been approved.

☐ Visa ☐ MasterCard ☐ American Express



Card #: _____

Expiration Date: _____