



Orange County Convention Center

CREDIT CARD AUTHORIZATION FORM

Amount to be charged \$ _____ upon receipt by MegaCon.

Type of Credit Card: AmEx Visa MasterCard Discover

Credit Card Number _____ Exp. Date _____

Cardholder Name _____
(please print name as it appears on credit card)

* Cardholder Signature _____ Date: _____

*Only applicable to exhibitors with booth balances
I give Megacon permission to run my booth balance due on November 10th to the credit card above.
Signature _____ Balance Due _____*

Exhibitor Name _____

Contact Person _____

Billing Street Address (ADDRESS WHERE CREDIT CARD STATEMENT IS SENT):

City _____ **State** _____ **Zip** _____

Phone # _____ **Secondary Phone #** _____

Fax # _____ **E-mail** _____

By signing above, you authorize MegaCon to charge the amount indicated for the MegaCon Convention.

**** CANCELLATION POLICY: NO REFUNDS AFTER NOVEMBER 1st ****

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Phone ((386)364-1826 Fax ((386)364-1828

www.megaconvention.com