



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 January 1st ****

MegaCon • 5757 74th Trace • Live Oak, Florida 32060

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www.megaconvention.com