



Credit Card Authorization Form - Recurring Payment

Addendum to Best Wedding Showcase Exhibitor Registration

- You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card.
- You will be charged each billing period for payment in the amount(s) you authorize below.
- You agree that no prior-notification will be provided, and no receipt will be forwarded to you.

Please complete the information below --- FAX (717) 298-4544 or email to info@bestweddingshowcase.com

Company Name: _____

Cardholder Name _____

Credit Card Account Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address _____

City, State, Zip _____

I, _____ authorize Renee Kopp, LLC t/dba Best Wedding Showcase to charge my credit card as follows: First payment in the amount of \$_____, and _____ number of payments in the amount of \$_____ each, and final payment in the amount of \$_____, equaling the total amount due of \$_____, on the 15th or 30th of each month, beginning on date ____/____/____. This will pay the total amount due in full for all shows listed on the Exhibitor Registration that was signed and dated on ____/____/____.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until my balance is paid in full and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____