

Credit Card Payment Form

Name: _____

Name as it Appears in the Credit Card:

Credit Card # _____

Expiration Date: _____

Amount to be charged: Booth Fee-\$175.00
Admin Fee-\$25.00 (non-Chamber members only)
Public Safety Fee- \$25.00
Total- \$225.00 (non-Chamber members)
Total - \$200.00 (Chamber members)

Signature (if applicable): _____

For office use only

Date rec'd: _____

Credit Card Charge Date: _____

Credit Card Charged By:

For: _____