



Event Name _____ Date of Event _____

Vendor Company Name _____

Authorized by (Please Print) _____

On Site Contact (if different) _____

Billing Address:

City/State _____ ZipCode _____

Tel _____ email _____

Number of Boxes @ 10.00 Each _____ Number of Pallets @ 75.00 Each _____

✂

For accounting purposes only:

Cardholder Name as it appears on the card:	
Cardholder Billing Address:	
City:	State: Zip code:
Daytime/Business Telephone: Evening Phone:	
Credit Card Number:	Security Code:
Expiration Date:	
<i>Credit Card type: (circle one)</i>	
Visa/MasterCard	American Express Discover JCB Diners Club
Credit Card Issuing Bank Name:	Bank Phone Number: (From Back of Credit Card)
By Signing below, you agree to the above listed shipping charges and authorize the Resort to charge your credit card.	
Cardholder Signature:	Date: