

Credit Card Authorization Form

Philadelphia National Candy, Gift & Gourmet Show

I (card holder name) _____ with (company name) _____ authorize Global CIF, LLC to charge the amount of \$_____ for the National Philadelphia Candy Gift & Gourmet Show. The charge will be put thru on (date) _____.

Please fill out the below credit card information, sign & return to:

Fax: 877-722-6123 or email

kathydarnell@globalcif.com

Please charge to: MasterCard Visa American Express

Account No. _____		
V Code: _____	Exp. Date: _____	Amount \$ _____
Name as it appears on card (please print): _____		
Billing Address		
Street Address: _____		
City: _____	State: _____	ZIP: _____
Authorized Signature: _____		Date: _____
Deposit Payment: \$	Date: _____	
Final Payment: \$	Date: _____	

Please check here to authorize the processing of balance with this credit card upon verbal approval to Global CIF, LLC

If you have any questions please contact Global CIF, LLC at 770-727-0521.

Thank you for your Business.