

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 Philadelphia
 National Candy Gift & Gourmet Show. Please charge my account on
 (date) _____.

Please fill out the below credit card information, sign & return to: Fax: 877-722-612

or email kathydarnell@globalgif.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 Kathy at 770-727-0520.

Thank you for your Business.