

# 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.

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

Kathy at Global CIF: **Fax: 877-722-6123** or

email [kathydarnell@globalcif.com](mailto:kathydarnell@globalcif.com).

Please charge to:     MasterCard     Visa     American Express     Other

Account No. _____		
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.