



**Orange  
County  
Convention  
Center**

## Exhibitor Services

# CREDIT CARD AUTHORIZATION & PAYMENT FORM

(OCCC only accepts American Express, Visa and MasterCard)

IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES.

**MAIL TO: Orange County Convention Center**  
 Attention: Exhibitor Services  
**Regular:** P.O. Box 691509, Orlando, FL 32869-1509, **Overnight:** 9860 Universal Blvd, Orlando, FL 32819  
 Convention Center (800) 345-9898 • Exhibit Services (407) 685-9824 • Fax (407) 685-9884  
 E-MAIL: [exhibit.services@occc.net](mailto:exhibit.services@occc.net) WEB: <http://www.occc.net/exhibitor/default.asp>

Name of Event: \_\_\_\_\_

Exhibiting Company: \_\_\_\_\_

Booth Number: \_\_\_\_\_ Booth Size: \_\_\_\_\_ X \_\_\_\_\_

I, the undersigned cardholder, give the Orange County Convention Center, Orlando, Florida USA, authorization to charge the following services to my credit card number listed below. This information may be used for the above referenced event only.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>Electrical</b></li> <li>• <b>Compressed Air</b></li> <li>• <b>Water and Drain</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Lighting</b></li> <li>• <b>Fire Watch</b></li> <li>• <b>Aerial Rigging</b></li> </ul> |
|--|---|

***To be completed by Cardholder:***

Please complete all areas below. **Incomplete requests will be rejected and orders will not be processed.** The Center reserves the right to decline acceptance of any card-not-present credit card transaction at its discretion.

Corporate Card       Personal Card

Cardholder Name: \_\_\_\_\_ Company: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Security ID Code** (from back of card V / MC/ front of card AX): \_\_\_\_\_  Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

I further authorize the following named person(s) to use the above listed credit card to pay for any additional services deemed necessary by said person(s).

Print Name	Signature

**Payment for Services:** OCCC requires payment in full at the time the service(s) is ordered. For your convenience we will use this authorization to charge your account for services, which may include labor and retained rental equipment.

**Incentive Pricing:** To qualify for the incentive rate, **payment** and a **complete floorplan** MUST be received **21 days prior** to the first move in day of the event.

**Third Party Charges:** You may authorize a third party to utilize your credit card by completing the Credit Card Authorization Form.

**Tax Exempt:** If you are tax exempt in the state of Florida, USA, you must provide a Sales Tax Exemption Certificate to the address listed above.

**Please note:** Your card will be charged for the entire amount of the services requested as orders are placed for your booth(s). The exceptions are for Aerial Rigging service, cable TV box rental and the rental of UL certified plugs. When applicable your card will be charged initially for an aerial rigging labor minimum deposit. Additional Aerial Rigging labor, equipment, rigging materials used (if any) and a replacement fee in the amount below for any item rented and not returned will be charged to the credit card above. ● **\$150 for each UL certified plug** ● **\$300 for each Cable TV box**