

AmericasMart.com
240 Peachtree St NW
Suite 2200
Atlanta, GA 30303

AmericasMart.com
Credit Card Charge Form

Exhibitor Name: _____
Address _____

Cardholder Name: _____

Card Type: ___ MasterCard ___ Visa

Card Number: _____

Card Expiration: _____/_____

CVV2 Code: _____
(Three (3) digit code on back of card)

Cardholder Billing Address: _____

Please charge the following amounts to my credit card in accordance with the Agreement with an Effective Date of _____.

_____ Charge my credit card for the initial payment amount of \$_____ (initial)

_____ Charge my credit card for initial Advertising payment amount of \$_____ (initial)

_____ Charge my credit card for the monthly Exhibitor Fee of \$_____ (initial)
for the Term of the Agreement.

_____ Charge my credit card the one time Direct E-mail fee of \$_____ (initial)

I, the cardholder above, agree to the above charges. I understand that these amounts are non-refundable and non-transferable. No exceptions.

Cardholder Signature: _____

Date: _____

AmericasMart.com use only:

Exhibitor Name: _____

Monthly billing amount: _____

Term: _____ Months

Account Number: _____