

NORTHEAST BEAD EXTRAVAGANZA CREDIT CARD AUTHORIZATION FORM

Merchant Information:

Business

Name _____

City _____ *State* _____ *Zip* _____

Cell Phone _____ *Home Phone* _____

E-Mail _____

Credit Card Information

Type (check one) _____ VISA _____ M/C _____ AMEX _____ DISC _____

Card Number _____

Exp Date _____ V CODE _____

Cardholder Name _____

Billing Address _____

City _____ *State* _____ *Zip* _____

By signing this form, I authorize Northeast Bead Extravaganza to charge the credit card indicated above for the full table fee amount specified on the accompanying Vendor Contract

Print Name _____ *Title* _____

Signature _____ *Date* _____