



**Please Print Clearly**

By completing and submitting this document, you have (i) agreed to honor your debt commitment entered into via your signed contract by way of a credit card payment and (ii) authorized Questex Media to charge your card the Credit Card Charge Amount set forth below. Once charged, you agree to honor your obligation and agree to the terms set forth by your contract for:

Customer/Exhibitor Number: \_\_\_\_\_

Name of Exhibition/Publication: \_\_\_\_\_

Invoice# \_\_\_\_\_

Company Name (if different from cardholder): \_\_\_\_\_

Address (if different from cardholder): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Card (Please Circle)      MasterCard      Visa      Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \* Security Code: \_\_\_\_\_

\* This number is 3 digits for MC/Visa and is located on the signature panel of the back of your card immediately following the card account number. For Amex, this number is 4 digits and is printed on your card above the embossed account number. This number is recorded as an additional security precaution.

+Credit Card Charge Amount:      \$ \_\_\_\_\_      ÷ .97      =      \$ \_\_\_\_\_  
Discounted Rate      (divided by)      Undiscounted Rate for Credit Cards

+The fees set forth in your contract/invoice/statement reflect a 3% discount for payments made via cash, checks or bank wire transfers. Payments made using credit cards are not entitled to the cash, check and bank wire transfer discount and the applicable fees have been recalculated as set forth above.

Cardholder Name and Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*Print*

*Written*

**This charge will appear on your statement as Questex Media Group, LLC  
PLEASE FAX THIS INFORMATION TO 617-219-8309, ATTN ACCOUNTS RECEIVABLE**