



RETURN FORM TO:

# BLUE CHIP EXPO

118B Mathews Drive  
HILTON HEAD ISLAND, SC 29926  
TELEPHONE (843) 681-4545  
FAX (843) 689-5959

## CREDIT CARD FORM

Please complete this form if you are using our services on any of the order forms. This will protect your exhibiting representative from being responsible for personally covering any additional charges that may be incurred at the event. Credit will be issued only if this form is returned prior to the show. None of the services on the order forms can be performed without advance payment in full or completion of this credit card form.

Place an  in box for card being used:

MASTERCARD

VISA

AMERICAN EXPRESS

Name on card \_\_\_\_\_  
(Please Print)

Card # \_\_\_\_\_ 3-4 Digit Security V-Code \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

This credit card form will be used only if payment in full is not received by installation of the event. There will be a 5% Administrative Charge for credit card billing.

### FOR OFFICE USE ONLY

Services

_____
_____
_____
_____
_____

Sub-Total \$ \_\_\_\_\_

7% Sales Tax \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

5% Administrative Fee \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Name of Event				Booth No	
Phone - Area Code /		FAX - Area Code /			
Firm Name					
Address					
Street		City		State	
State		Zip Code			
By (Print or type)		Signature		Title	Date
(Please Mail Promptly)					