



CREDIT CARD AUTHORIZATION & PAYMENT FORM

IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES

MAIL TO: John S. Knight Center
Attention: Finance Department
77 East Mill Street, Akron, OH 44308
Telephone - 330.374.8900 Toll Free - 800.245.4254 Fax - 330.374.8825
www.johnsknightcenter.org

Name of Event: _____ Company: _____

Event Dates: (from) _____ (to) _____ Booth Number: _____

I, the undersigned cardholder, give the John S. Knight Center, Akron, OH, USA authorization to charge my credit card for the amount totaling \$ _____ (US Currency).

IMPORTANT CONDITIONS AND REGULATIONS

PAYMENT NOTICE:

1. PRE-ORDER RATES APPLY ONLY TO ORDERS RECEIVED AND PAID IN FULL 10 BUSINESS DAYS PRIOR TO THE FIRST SCHEDULED MOVE-IN DAY.
2. ON-SITE RATES must be paid at move-in for all other orders. NO EXCEPTIONS.
3. ALL ORDERS MUST BE PAID IN FULL WITH U.S. FUNDS BY OPENING OF FIRST DAY OF EVENT.
4. A minimum \$30.00 fee will be charged for each Returned Check.

CONDITIONS FOR PROCESSING SERVICE ORDER FORMS

1. Payment in FULL, IN U.S. FUNDS must accompany service order form.
2. All information must be completed in full for order to be processed. Incomplete forms delay processing which results in delayed service installation.
3. State Sales Tax will be charged on every taxable order that is not submitted with a completed Certificate of Exemption Form.
4. No Service will be installed until payment is received.
5. Cancellations: Refunds will be computed as follows:
 - 1) After installation – NO REFUND
 - 2) Refunds will be given on pre-orders up to 3 days prior to move-in of event

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 transaction at its discretion.

Corporate Card Personal Card

Cardholder Name: _____ Company: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

Country: _____

Daytime Telephone: (_____) _____ Fax Number: (_____) _____

E-mail: _____

Check One: Visa MasterCard American Express Discover

Card Number: _____ Exp Date: _____

CID Number: _____ Visa/MC/Disc: Last 3 digits located on card back in signature panel Amex: 4-digit number located on card front right

Signature of Cardholder: _____ Date: _____