Payment and Credit Card Authorization Form

Please fax or email this form to the
Western Pool and Spa show Financial Office at 877.217.4375
or financialoffice@westernshow.com

Customer Information

Company Name:			
Street Address:	City:	State:	Zip:
Phone:	Fax:		

Credit Card Information

Card type: ☐ Visa ☐ Mastercard ☐ American Express

Card Number:	
Expiration date:	Security Code: (4 digits for AMEX or 3 digits for others)

Billing Information

Cardholder's Name (as it appears on card):			
Billing address:	City:	State:	Zip:
Phone:	Email:		

By completing this form I authorize Western Pool and Spa Show to charge my credit card.

Payment Amount: $	**Card is authorized to be charged for payments.**
Signature:	**Date:**

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Comments:

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Seal Beach, CA 90740
www.westernshow.com

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