

PAT RIHA PRODUCTIONS

Credit Card Payment Authorization

Date: _____

Cardholder: _____

Company: _____

Fax Number: _____

Billing Address: _____ Billing Zipcode: _____

Show: Remodeling Metropolitan Lawn & Garden
 Johnson County Home & Garden Holiday Boutique

Payment For: Exhibit Space Parking Tickets Exhibitor Badges Other

Payment Amount: \$_____ (\$15 minimum)

Credit Card: MasterCard (16 digits) Visa (16 digits) American Express (15 digits)

Card Number:

Card Code (3 digits for MasterCard and Visa; 4 digits for American Express):

Card Expiration Date (MM/DD/YY): _____

SIGNATURE AUTHORIZATION

I authorize Pat Riha Productions to charge my credit card as indicated above:

Signature: _____

Date: _____

PLEASE SIGN AND FAX THIS FORM TO: (816) 931-4782

PAT RIHA PRODUCTIONS
4050 Pennsylvania, Suite 141
Kansas City, MO 64111
(816) 931-4686 phone
(816) 931-4782 fax

Pat Riha Productions Office Use Only

Approval Code: _____

Reference: _____