

International Gem & Jewelry Show, Inc.[®]

120 Derwood Circle, Rockville, MD 20850 ♦ Tel (301) 294-1640 ♦ Fax (301) 294-0034 ♦ info@intergem.net ♦ www.intergem.com

CREDIT CARD AUTHORIZATION FORM

Single Charge

Complete the form below and return to the International Gem & Jewelry Show's ("InterGem") corporate office to make a one-time charge. Forms can be faxed or emailed. Please print clearly and enter all required fields accurately.

CHARGE INFORMATION <i>(Required)</i>	
Company Name:	Phone Number:
Contact Name:	E-Mail Address:
Charge For: <small>Select "Show" or "Magazine" and fill out the required fields.</small>	<input type="checkbox"/> Booth <input type="checkbox"/> Equipment <input type="checkbox"/> Advertising <input type="checkbox"/> Other: _____ <input type="checkbox"/> SHOW: City: _____ Month: _____ Year: _____ <input type="checkbox"/> GEMS & JEWELRY MAGAZINESM ADVERTISEMENT: <input type="checkbox"/> Spring (Year) _____ <input type="checkbox"/> Fall (Year) _____
Amount To Charge:	<input type="checkbox"/> FULL Balance <input type="checkbox"/> Other Amount: _____
CANCELLATION POLICY AGREEMENT <i>(Initial Required)</i>	
To cancel an order, you must send a written request to InterGem's corporate office. Cancellation fees will be charged to the credit card on file OR withheld from any refund, <u>automatically</u> , at the time of cancellation. If notice of cancellation is sent MORE THEN 30 days before the show, the fee is \$100.00. If notice is sent LESS THEN 30 days before the show, the fee is 50% of the booth and extra equipment total.	
By initialing below I'm stating that I understand and agree to the stated policy. [_____]	
PAYMENT INFORMATION <i>(Required)</i>	
Select Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discovery <input type="checkbox"/> American Express
Credit Card Number:	CVV: _____ Exp. Date: _____
Name On Credit Card:	I authorize InterGem to charge this credit card for the single charge specified above. <input type="checkbox"/> Mark this box above to authorize.
Billing Address:	
ALTERNATE PAYMENT <i>(Optional)</i>	
Add an alternate card in case the credit card above is declined at the time of the charge.	
Select Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discovery <input type="checkbox"/> American Express
Credit Card Number:	CVV: _____ Exp. Date: _____
Name On Credit Card:	I authorize InterGem to charge this credit card, if my primary card does not work, for the single charge specified above. <input type="checkbox"/> Mark this box above to authorize.
Billing Address:	
AUTHORIZED SIGNATURE <i>(Required)</i>	
By signing this form, I authorize the International Gem & Jewelry Show to charge the items selected to my credit card above.	
Authorized Signature:	Printed Name:
	Today's Date: