



3956 TOWNE CENTER BOULEVARD - SUITE 592, ORLANDO, FL 32837  
PH: 407-285-2723 FX:407-386-7571 EMAIL: [ACCOUTING@TOPSPINTSL.COM](mailto:ACCOUTING@TOPSPINTSL.COM)

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### CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

### BILLING INFORMATION

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION

Shipment HAWB: \_\_\_\_\_

Credit Card Type:  MasterCard  Visa  AMEX

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ Card Security Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ USD

I authorized Top Spin Trade Show Logistics LLC to charge the credit card noted above for payment of the invoice (s) mentioned on this form. A 3% credit card processing fee will be added to all transactions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date