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| **Credit Card Billing Information DAKOTA TERRITORY CHAPTER, SCTE** |

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| Cardholder Name (as appears on card): |
| Contact (if different from card holder): |
| Company Name: |
| Credit Card Type: [ ] Visa [ ] Master Card [ ] American Express |
| Credit Card Account Number: Expiration Date: |
| Billing Address: |
| City: State/Province: Zip/Postal Code: Country: |
| Email Address: Phone No: Fax No: |

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| **Please select from the following payment options**  |

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| **Chapter Event** [X] **Vendor Show Table - $350** Chapter - **DAKOTA TERRITORY** [ ] **Sponsorship - $ \_\_\_\_\_\_\_\_** Contact - **Cherri Olson** ***Sponsorships are available for $500, $750 or $1000*** Email - **Cherri\_Olson@mmi.net** [ ] Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_ **(605)357-5776** \_\_\_\_\_\_\_\_Total Amount $\_\_\_\_\_\_\_\_\_\_\_ |

**Total Amount Authorized for Payment** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorization Agreement Disclosure:***

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| **Individual agrees that all the information provided is accurate and complete. Individual also acknowledges that all open invoices owed to SCTE, Inc. may require a secondary form of payment if this credit card transaction is declined by the authorized issuing bank or charge backs are claimed against this transaction.** |

**Cardholder Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax to: (605)-330-4083-- Attn: Accounting Department**