



PAYMENT FORM
Must be Included with all orders

E Z Expo Services

440 E. BONITA AVE. POMONA CA 91767

Phone: 909-624-1697

Fax: 909-626-6589

email: julio@sprenzents.com

Company Name: _____ Booth # _____

Contact Name: _____

Address: _____

City/ State/ Zip: _____

Phone # _____ Fax # _____

- **This form must be completed and enclosed with all order forms and on file with E Z Expo Services prior to any service(s) being performed regardless if another form of payment is being used.**

• Cancellation Policies: Please note cancellation policies on the various forms.

• In order to receive DISCOUNT PRICING full payment **must** be included with order form! If paying by check; make payment in U.S. funds drawn on a U.S. bank. If paying by credit card; please fill out the enclosed authorization form.

• Customer is responsible for loss or damage to equipment.

• For your convenience, we will use this authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by you or your representative for this event.

• ALL ACCOUNTS MUST BE SETTLED AT OUR SERVICE DESK PRIOR TO THE OPENING OF SHOW.

• THERE WILL BE NO CREDITS ISSUED UPON COMPLETION OF SHOW.

Amount Enclosed \$ _____ Amount to be charged to Credit Card \$ _____

If paying by Check; please fill out the following information:

Check Number: _____ Drivers License Number: _____

Address _____

City _____ State _____ Zip Code _____

If paying by Credit Card; please provide the following information:

Credit Card Number: _____

Please Check: ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐ CVC Code _____

Expiration Date: _____ Name as it Appears on Card _____

Authorized By: _____ Cardholder's Signature: _____

Cardholders **Billing** Address _____ City _____ State _____ Zip Code _____