

EXHIBITOR ORDER FORM & CREDIT CARD AUTHORIZATION



PLEASE RETURN THIS ORDER FORM & CREDIT CARD AUTHORIZATION FORM TO:

Daniel Lopez, dalopez@therkgroup.com | 210.225.4535 | FAX 210.270.8260

THE RK CULINARY GROUP

Trade Show Name:			Show Dates:				
Location of Exhibits:		Booth Number:			Booth Name:		
Company Name:			On-Site Contact: [AUTHORIZED SIGNEE]				
Phone #:		Phone #:					
Cell #:		Cell #:					
Fax #:		Fax #:					
Email #:							
Date	Time	Quantity	Item	Table Needed	Attendant Required	Price Per Unit	Total
Sign for Authorization: _____						Sub Total:	
						22% Service Charge:	
						8.25% Sales Tax:	
						Additional Deposit:	\$200.00
						Grand Total:	

PLEASE REMEMBER:

IF WE DO NOT RECEIVE—WE CANNOT PROCESS YOUR ORDER

ANY ADDITIONAL ORDERS WILL BE BILLED TO CREDIT CARD BELOW



CREDIT CARD AUTHORIZATION FORM
THE RK CULINARY GROUP
900 E. MARKET ST SAN ANTONIO, TX 78205
Phone: 210-225-4535 | Fax: 210-270-8260

Please fill out the following information and fax or e-mail back allowing us to process your credit card payment request. Please fill out all areas of the form. The charge will appear from The RK Culinary Group for any of the services you may receive.

I, _____ (client) hereby authorize **The RK Culinary Group** to charge my credit card as indicated on this form and use for any outstanding balances due to the company.

CARDHOLDER INFORMATION:

Name as it appears on card: _____

Credit Card Stmt. Address: _____

Street / City / State / Zip Code

Phone Number: _____ (including area code)

Cardholder Signature: _____

Email Address for receipt verification: _____

CREDIT CARD INFORMATION:

VISA _____ MASTERCARD _____ AMX _____ DISCOVER _____

Credit Card Number: _____

Expiration Date: _____ CVV2 Security Code: _____

Amount to be charge: _____

EVENT INFORMATION:

Event Order # _____ Date of Event: _____

Event Name: _____ Location: _____

Name to be Billed (invoiced): _____

Billing Address: _____

Street / City / State / Zip Code