



CONVENTION SERVICES

1816 West St. Germain Street
St. Cloud, MN 56301

Email: cindi@anconvention.com

Ph: 320-253-4050

Fx: 320-253-3324

Credit Card Authorization Form

Show: # 4112 Show Name MN School Nutrition Assoc.

All payment arrangements for services must be made prior to the show. Please complete this form and fax to A & N with payment instructions. A confirmation of the final charges will be sent to all exhibitors after the close of the show. If you have any questions, please call A & N Convention Services at (320) 253-4050.

Booth # _____

Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Description: Furniture Rental Freight: Inbound Outbound Other

Credit Card Payment:

Visa / MC / **AmEx / Disc _____ Exp _____ CV Code _____

** Use 4 digits on front of AmEx

Cardholder Name _____ Signature _____

Card Billing Address _____ Zip _____

Send Confirmation via: Email _____

Fax Mail to Above Address No Thanks!

Please return completed form to A & N Convention Services via

Email: cindi@anconvention.com or Fax: 320-253-3324

Description of Services Charged (for office use only)

- Furniture Rental \$ _____
- Freight - Inbound _____ \$ _____
- Freight - Outbound _____ \$ _____
- Freight Handling: Special Trip \$ _____
- Freight Handling: Return to Warehouse Shipping Fee \$ _____
- Other Services: _____ \$ _____
- Other Services: _____ \$ _____

Subtotal: \$ _____

Sales Tax (7.625%): \$ _____

(ST-3 required if tax exempt)

Date Charged: _____ **Total Charged: \$** _____