

# credit card authorization

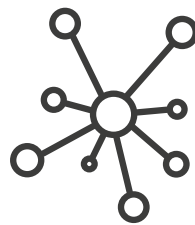
## TRANSWORLD'S ROOM ESCAPE SUMMIT 2020

Donald E. Stephens Convention Center

Rosemont, Illinois

**August 7-9, 2020**

**Phone: (847) 453-4285 Fax: (847) 453-9472**



TRANSWORLD'S ROOM ESCAPE

# SUMMIT

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Select method of payment	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
Credit card number			
Expiration date			Security (CVC) Code
Cardholder's name (as it appears on card)			
Billing address of card holder			
Billing City, State & Zip Code			
Telephone number of cardholder			
Email address of cardholder			
Exhibitor company name (for whom card is being used)			
Telephone number of exhibitor			
Email address of exhibitor			

The undersigned hereby authorizes Room Escape Summit ("RES") to charge the following amounts on the above referenced credit card to satisfy payments due by Exhibitor to RES:

# of Table Tops \_\_\_\_\_ x \$500 (Before May 14, 2020) = \_\_\_\_\_

# of Table Tops \_\_\_\_\_ x \$600 (After May 14, 2020) = \_\_\_\_\_

1. This credit card authorization is valid until the expiration date noted on the face of the credit card.
2. In the event a charge is not honored, the undersigned personally guarantees payments of the above amounts due by Exhibitor.
3. A facsimile of this credit card authorization shall be regarded, and have the same force and effect, as an original.

4. NO REFUNDS. The undersigned understand and agree that by contracting with RES, certain exhibit/advertising space and/or services have been reserved solely for Exhibitor, and thus, are no longer available to RES' other customers. Therefore, the undersigned understand and agree that all amounts charged to the credit card are nonrefundable.

The undersigned further agree: a) to waive any right to any charge back, b) that any dispute will be taken up directly with RES, and c) that any claim with the entity issuing the card resulting in a charge back to RES shall constitute a breach of contract.

\_\_\_\_\_  
CARDHOLDER

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE OF EXHIBITOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE