



Vendor Booth Registration Credit Form

Mail or Fax along with Vendor Booth Registration Form to:
Attn: Karen Cadou (Phone: 941-552-3084/Fax: 941-923-8910)
ABC 7/WWSB-TV
1477 Tenth Street
Sarasota, FL 34236

Date: _____ ABC 7 Sales Representative (if applicable): _____

Credit Card Type (please circle) **Master Card** **Visa** **American Express**

Account Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY) ____/____ Verification Number*: _____

*The verification number is a 3-digit number printed on the back of your card

Name (as it appears on the account) _____

Client/Business Name _____

Billing Address _____

Phone Number _____ Email _____

Total Amount to be Charged: \$ _____ (Booth Cost \$ _____ plus Electrical Cost, if applicable \$ _____). Indicate Preferred Booth Numbers as shown on Vendor Booth Registration Form: Choice #1 _____ Choice #2 _____ Choice #3 _____

Details of Agreement:

The undersigned Card Member hereby authorizes WWSB to charge the full amount of the payments designated above due under its agreement with WWSB to the Credit Card indicated above. Card Member understands and agrees that it is making these payments according to the provisions of the applicable agreement between it and WWSB. If the Credit Card used for these charges is declined for payment for any reason, the Card Member understands and agrees that it remains responsible for the full amounts of the payments according to such agreement. Card Member understands and agrees that a right to a refund from WWSB is subject to all provisions of the underlying agreement. Card Member acknowledges and agrees that the dollar amount of the foregoing payments will appear on its Credit Card billing statement and that it will be obligated to pay that amount in accordance with the terms of its Card Member agreement. Card Member shall attempt to resolve any inquiry or dispute with respect to its payments on the Credit Card with WWSB. Card Member understands that WWSB will not keep Credit Card information on file and that a new request will need to be submitted for any additional charges.

Card Member Signature: _____ Date: _____

Card Member Printed Name: _____