



RETURN FORM TO:
BLUE CHIP EXPO
 118B MATHEWS DRIVE
 HILTON HEAD ISLAND, SC 29926
 TELEPHONE (843) 681-4545
 FAX (843) 689-5959
 EMAIL: bluechipexpo@aol.com

CREDIT CARD FORM

Please complete this form if you are using our services on any of the order forms. This will protect your exhibiting representative from being responsible for personally covering any additional charges that may be incurred at the event. Credit will be issued only if this form is returned prior to the show. None of the services on the order forms can be performed without advance payment in full or completion of this credit card form.

Place an X in the box for card being used:

Mastercard
 Visa
 Am. Express
 Discover

Name on card _____
(please print)

Card # _____ 3-4 Digit Security V-Code _____

Card Expiration Date _____ Authorized Signature _____

This credit card form will be used only if payment in full is not received by installation of the event. There will be a 5% Administrative Charge for credit card billing.

FOR OFFICIAL USE ONLY	
Services	
	Sub-Total \$ _____
	7% Sales Tax \$ _____
	Total \$ _____
	5% Administrative Fee \$ _____
	TOTAL \$ _____

Name of Event	Booth No.
Phone #	Fax
Firm Name	
Address	
<small>Street</small>	<small>City</small> <small>State</small> <small>Zip</small>
By (Print or Type)	Signature
Title	Date
Please Return Promptly	