

# PAYMENT AUTHORIZATION FORM



## Georgia World Congress Center Georgia Dome

285 Andrew Young International Blvd.  
Atlanta, GA 30313  
Engineering Department  
Telephone: (404) 223-4800 Fax: (404) 223-4813

**AJC Auto Show 2010**  
15% ONLINE ORDER DISCOUNT ENDS ON:  
**March 20, 2010**  
Order online @ [www.gwcc.com](http://www.gwcc.com)

Please complete the information requested below and return this form with your orders. You may choose to pay by credit card, check (made payable to Georgia World Congress Center) or bank wire transfer. We require your credit card authorization to be on file

### WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page.

**NOTE: A service charge may be added for processing U. S./International wire transfers by your banking institution**

**The following information must be included on the bank copy of the wire transfer confirmation:**

<input checked="" type="checkbox"/> <b>Name of Event You Are Attending</b>	<input checked="" type="checkbox"/> <b>Banking Institution Information:</b>
<input checked="" type="checkbox"/> <b>Exhibiting Company Name</b>	<b>Bank Name:</b> Wachovia Bank
<input checked="" type="checkbox"/> <b>Booth Number</b>	<b>Address:</b> 191 Peachtree Street Atlanta, GA 30303
	<b>Please call for the following information:</b>
	Routing #                      Account #
	Account Type                 Swift Code

### CREDIT CARD INFORMATION

Type of Card:       AmEx       M/C       VISA       Discover Card       Diners Club

Credit Card #:       Expiration Date:

Billing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### EXHIBITING COMPANY INFORMATION

Please complete the following information:

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_-\_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ FAX: (    ) \_\_\_\_\_-\_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_