



## H&G Credit Card Billing Request

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ Visa Card or \_\_\_\_\_ Master Card

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**\*\*By submitting payment, you are agreeing to all terms in the [Santa Clarita Home and Garden Show Exhibitor Agreement](#).**

Signature: \_\_\_\_\_