H&G Credit Card Billing Request

Date: _____

Client: _____

Phone: _____

_____ Visa or _____ Mastercard

_____ AMEX (Please note: $20.00 surcharge if you use American Express)

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: _____

3-Digit Number: _____

Zip Code: _____

Name on Card:_____

Amount: $_____

One Time Charge (Paid In Full)_____

2 Payments (Card will automatically be charged on 02/15/2027 for remaining balance). _____

Please Do Not charge this card for our final payment: _____.

By submitting payment, you are agreeing to all terms in the ***Santa Clarita Home and Garden Show Exhibitor Agreement***.** (click for link to agreement)

Signature: _____