NORTHEAST GOLF SHOWS LLC

ELECTRONIC PAYMENT FORM

Northeast Golf Show

18 Juniper Hill Drive, Raynham, MA 02767

<u>JeanneCastiglione@comcast.net</u>

<u>Jeanne@HGLMedia.com</u>

www.NortheastGolfShow.com

P: (508) 823-0389 F: (508) 822-1292

CUSTOMER INFORMATION	Return completed form to:
Company/Customer Name:	F
Contact Name:	Fax: (508) 822-1292
Email Address:	,
Address'	Email: JeanneCastiglione@comcast.ne
City.	Jeanne@HGLMedia.com
Booth #	Mail:
CREDIT CARD INFORMATION	18 Juniper Hill Drive
Account Type:VISAMASTERCARD DISCOVER	Raynham, MA 02767
	Any information sent via E-Mail or
	Fax is not secure and is being transmitted at sender's own risk.
Expiration Date: Security Code**:	
SECURITY CODE REQUIRED for CC PAYMENT PROCESSING *Please note that per Northeast Golf Shows LLC policy, there is an additional 3% convenience fee for	
credit card processing.*	It is the Customer's
Amount to Charge: Cardholder Name:	responsibility to inform Northeast Golf Shows LLC
Check Here if Billing Address is the same as address above.	of any changes to the billing
Billing Address:	address, expiration date and/or changes to the card
	holder's name on credit card
City: State: Zip Code:	account provided.
Cardholder Signature:	Surcharge fees are used to
ACH PAYMENT INFORMATION (If payment preferred via ACH, please see below for bank info)	cover charges accrued from financial institutions when
	processing credit card
Account Holder Name: Northeast Golf Shows LLC	transactions and Northeast Golf Shows LLC does not
Phone: (508) 823-0389	profit from collected fees.
Billing Address: 18 Juniper Hill Drive, Raynham, MA 02767	**SECURITY CODE
Name on Account: Northeast Golf Shows LLC	REQUIRED for CC
Account Type: Business Checking	PAYMENT PROCESSING**
Bank Name: Santander N.A.	
Bank Address: 601 Penn Street, Reading, PA 19601	
Account #: 9536922975 Routing #: 231372691 SWIFT Code: SVRNUS33	
Authorization	
I authorize Northeast Golf Shows LLC to debit the credit card account provided above for payment	t for agreed upon
purchases. I understand that my information will be saved to file for future transactions on my accounderstand that this authorization will remain valid and continue until I cancel such authorization in	
understand that this authorization will remain valid and continue until i cancer such authorization if	i witulig.
Authorized Signature: Date:	