



EXHIBITOR'S CHARGES FORM

Please complete the requested information and return this via fax to the attention of the Catering Department at 813-973-1312. All areas must be completed.

The cardholder and the guest are jointly and severally liable for all charges at Saddlebrook Resort.

Exhibit Show Name _____

Name _____

Company Name _____

Company Address _____

Billing Address (*if different from above*) _____

Office Phone _____ Fax Number _____

Cell Phone _____ Email Address _____

Booth #: _____ Exhibit Show Dates: _____

Billing Info:

I _____ authorize Saddlebrook Resort, on ____/____/_____, to charge my credit card below for payment
Date
of charges for my company's booth _____ # _____ as indicated above.
Name of Company & Booth #

I _____ also authorize Saddlebrook Resort, on ____/____/_____, to charge my credit card for payment
Date
of any shipping charges, incoming or outband freight, for my company's booth _____ # _____.
Name of Company & Booth #

Type of card: Visa ☐ Master Card ☐ American Express ☐

Credit Card Account #: _____ Expiration Date: ____/____/____

Printed Cardholder's Name: _____ Cardholder's Signature: _____