



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: \$ _____

One Time Charge _____ **Reoccurring Payments** _____

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

Signature: _____