



# Payment & Credit Card Charge Authorisation

Exhibition Name: \_\_\_\_\_

Stand Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Contact Name: \_\_\_\_\_

EU VAT Number (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

PO Number: \_\_\_\_\_

## PAYMENT POLICY

**Payment for services**— Index Group Ltd requires payment in full at the time services are ordered.

**Method of payment**— Index Group Ltd accepts all major credit / debit cards, cheques and bank transfers. Purchase orders are not considered payment.

We require your payment authorisation to be completed and returned even if you are paying by cheque or bank transfer. You do not need to complete your card details unless you wish to pay by this method. Please tick the box below to indicate your preferred method of payment.

**Cheque**   
**Bank Transfer**   
**Credit/debit card**

**Full payment must be received prior to the build up of the show.**

**Cancellations/Refunds**— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund.

### **Bank Transfer & Cheque Payment Information:**

Bank details will be provided on your invoice for BACS payments.

Please include your invoice number in your payment reference.

Please make all cheques payable to—Index Group Ltd

**I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd:**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## CREDIT CARD CHARGE AUTHORISATION

All information must be provided. Your order will not be processed if any information is missing.

**Please note that there is a 3% charge for credit card transactions.**

Please ensure this form is returned with all orders.

**Debit Card**   
**Credit Card**   
**American Express**

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

Expiry Date: \_\_\_\_/\_\_\_\_

Security Code (Last 3 digits on signature strip) \_\_\_\_\_

Start Date (if shown): \_\_\_\_/\_\_\_\_

Issue Number (if shown): \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Cardholders billing address (If different to above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

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

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

**Please note this form will be destroyed once payment has been processed/received.**

If you have any questions relating to any of the information on this form please contact us on:  
0800 085 9885

**Please return this form and completed order form to corresponding email/postal address which can be found on the bottom of the relevant order form.**

