

# EXHIBITOR Authorization Form –

Please email completed form to maribel.ponce@hilton.com Attn: Convention Service Manager

If you have any questions please call 714.438.4923

This form constitutes an authorization to process my credit card for any payment required for the stated person(s) as indicated below.

Exhibitor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOOTH # \_\_\_\_\_\_\_\_\_\_

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

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card: \_\_\_\_\_\_\_\_\_\_ CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Type)

Cardholder (Name as Imprinted on Card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing / Payment:**

QTY Total $

**Shipping Instructions:**

*Hilton Orange County/ Costa Mesa*

*3050 Bristol Street*

*Costa Mesa, CA 92626*

Please be sure to include the following information on labels:

* **“Group Name Goes Here”**
* “Attn: Name of Guest”
* Box Count (eg. 1 of 2, 2 of 2)
* Exhibitor Name
* On-Site Contact Name
* Booth Number (if available)

|  |
| --- |
| \_\_\_\_\_\_ Boxes 0lbs-5lbs @ $5.00 each \_\_\_\_\_\_\_\_\_\_\_\_\_ 6lbs-20lbs @ $10 / 21lbs-50lbs @ $15 \_\_\_\_\_\_\_ \_\_\_\_\_\_ Over 50lbs @ $25.00 each \_\_\_\_\_\_\_\_\_\_\_\_\_ Pallets @ $75.00 each \_\_\_\_\_\_\_ |

TOTAL \_\_\_\_\_\_\_

add 7.75% tax.

**\_\_\_\_ Full Payment FEES.**

I hereby authorize payment for All Charges for services to be provided by the Hilton Costa Mesa for the event date(s) stated above. I understand that an approval will be obtained for total charges and a receipt will be mailed. Any remaining balance resulting from additional charges on the day of your event are due and payable upon completion of the function.

I understand if no other arrangements for billing have been established by the completion of the function, all charges will be automatically be processed on the above stated credit card.

Special Handling Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Group/Company authorized signature Date