



# Order Form

Booth NO: \_\_\_\_\_

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

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

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

ITEM NAME	QTY	UNIT PRICE	TOTAL PRICE
32" TV		\$300.00	
MICCA Drive		\$150.00	
Literature Rack		\$300.00	
White Stool		\$300.00	
Electrical Grommet		\$50.00	

## NOTES:

## PAYMENT METHOD

☐ Cash ☐ Credit ☐ Zelle

☐ Wire Transfer

## SUBTOTAL

## TAX

## TOTAL

# Thank you

Zelle : alex@efexdesign.com

Wire Transfer: Term of Payments: - Wire Transfer Share Fee \$25.00 (Bank Cost-Be Charge)

WIRE TRANSFER INFORMATION

NAME ON ACCOUNT: EFEX DESIGN AND DISPLAY CORP

BANK OF AMERICA

Tampa, FL 33607-1778

ACCOUNT NUMBER: 898078576176

ABA 063100277

SWIFT BOFAUS3N

# **CREDIT CARD AUTHORIZATION FORM**

Please complete all fields to make a one-time charge to your credit card listed below.

## **BILLING INFORMATION:**

Full Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## **CREDIT CARD INFORMATION**

Account Type: (Check one)

☐ Visa

☐ Amex

☐ Discover

☐ MasterCard

☐ Other (Please specify): \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_

Cardholder ZIP Code \_\_\_\_\_

## **AUTHORIZATION:**

By signing this form, I authorize EFEX Design & Display to charge my account \$ \_\_\_\_\_ on or after \_\_\_\_\_ for a one (1) time payment only. This authorization does not permit any additional charges.

I confirm that I am an authorized user of this credit card and agree not to dispute the payment, as long as the transaction matches the terms in this form.

**Customer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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