



## **Method Of Payment Form**

NAME OF SHOW:					_
COMPANY NAME: BOOTH:					_
ADDRESS:					-
PHONE #:	EXT:	FAX #:	E-MA	IL:	- -
Ensure all	payments	are rece	ived prior	to the event	
or Canadian bank CREDIT CARD For your convenie	ck payable to: AEI c. ("U.S. FUNDS" I ence, we will use nt for your advar rs placed by your	MUST BE PRE this authoriz nce orders, an	E-PRINTED on C ration to charge nd any additior	e in U.S. funds drawn on a Canadian checks.) e your credit card account nal amounts incurred as a	for
BANK TRANSFER Royal Bank of Car Canada, H9R 3K2 Account # 07191	nada, 610 St. Jear 3 Institution nu - <b>4001921 - ABA</b> #	ımber: # 003		7191	
Recipient: AEM L		) 695 4711			
				ank Transfers so we may ole for any bank processin	
	MASTERCA	ARD	VISA		
Account No:			Exp. Date:		
Cardholder Billing Add					
City/State/Zip:					
				Total =	