



AAPEX 2024 Sponsor a Technician

Sponsoring Company Name: _____

Sponsoring Company Contact: _____

Sponsoring Company Contact Email: _____

Sponsoring Company Contact Phone: _____

Name of Tech Being Sponsored: _____

Tech's Company: _____

Tech's Email: _____

Tech's Phone: _____

Please note the following:

- This form must be completed in its entirety for your credit card to be processed.
- If there are any limitations on the credit card (i.e. transaction limits), please note below.
- Due to compliancy, credit card information cannot be stored to charge a later date. Should you wish for subsequent payments to be paid via credit card, you must submit another signed authorization form.

TODAY'S DATE: _____

AMOUNT TO BE CHARGED: _____

CREDIT CARD TYPE: _____ VISA _____ MASTERCARD _____ AMEX

CREDIT CARD NO: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

NAME ON CREDIT CARD: _____

CREDIT CARD BILLING POSTAL CODE: _____

SIGNATURE OF CARDHOLDER: _____

By signing above, you fully accept all charges on the above named credit card and consider this form to be legal and binding.

E-MAIL ADDRESS FOR RECEIPT: _____

Send completed form to ryan@aapexshow.com or fax to 708-226-1310