

☞ This form must be completed in full. ☞

JOE HAND PROMOTIONS, INC.

407 East Pennsylvania Boulevard Feasterville, PA 19053
(215) 364-9000 - (866) 376-8117- FAX

Part 1

Mastercard Visa American Express Discover

Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Payment Amount: \$ _____

Name of Card Holder (Please Print): _____

Billing Address of card: _____

City: _____ St: _____ Zip: _____

Signature of Card Holder: _____

Date: _____ / _____ / _____

Part 2

Event: _____

Location Name: _____

Location Address: Check here if same as billing address

City: _____ St: _____ Zip: _____

Location Phone #: (_____) _____ - _____

E-mail address (for receipt): _____

Part 3

By Signing Here you authorize JHP to charge this card for future events that you order. (Signed contracts will be obtained.)

_____ Date: _____

By signing this contract of payment, cardholder agrees to waive all chargeback conditions and is bound to the terms of the agreement.
By signing this document, you are granting JHP permission to e mail and or fax correspondence to your establishment.

PLEASE RETURN VIA FAX (866) 376-8117