

Barrett-Jackson Internet and/or IPTV Order Form

Company Name:	Booth Location:	
Contact Name:	Phone Number:	
Internet Service		
 You must provide your own equipment Please Note: personal routers and/or net 	work extending equipment are not allowed.	
WIFI Internet Service (each pack allows four tota	l devices to connect during the event)	
 Ordered before 12/20/2021 	# of packs x \$250 per pack of 4 devices =	TOTAL
 Ordered between 12/21/21 – 01/04/222 	# of packs x \$375 per pack of 4 devices =	TOTAL
Ordered after January 4, 2022 (on-site)	# of packs x \$500 per pack of 4 devices =	_ TOTA
Wired Internet Service		
 Ordered before 12/20/2021 	# of packs x \$450 per line = TOTAL	
 Ordered between 12/21/21 – 01/4/22 UNAVAILABLE after January 4, 2022 	# of packs x \$750 per line = TOTAL	
Auction TV Feed (IPTV)		
TV and Feed of Live Auction Coverage (provided • Ordered before 12/20/2021		OTAL
 Ordered before 12/20/2021 Ordered between 12/21/21 – 01/04/22 	# lines x \$500 per TV with Feed = T	
 UNAVAILABLE after January 4, 2022. 	# lines x \$750 per TV with Feed = T	UTAL
Auction Feed Only (IPTV adaptor; client will prov	ride TV and use HDMI Screen to view feed)	
 Ordered before 12/20/2021 	# lines x \$300 per TV with Feed = T	OTAL
 Ordered between 12/21/21 – 01/4/22 UNAVAILABLE after January 4, 2022. 	# lines x \$450 per TV with Feed = T	OTAL
	Subtotal:	

*Please note that a Credit Card is the only allowed form of payment and utilities must be paid in full prior to the event. By submitting your request, you understand that your credit card will be charged the appropriate amount on the date the form is submitted. Services are based upon availability and location.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Barrett-Jackson Auction Company, LLC ("BJAC") to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. Please note that all services must be paid prior to the event (pricing applies to the date of payment). This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Company	Name
Billing Address	Phone#
City, State, Zip	Email
Account Type (Visa, MC, AMEX or Discover): _	·
Cardholder Name	
First 12 digits of Credit Card	Last 4 digits of Credit Card
Expiration Date	
CVV2 (3 digit number on back of Visa/MC, 4 di	gits on front of AMEX)
SIGNATURE	DATE

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.