

## INTERNET AND/OR IPTV ORDER FROM

15555 North 79th Place, Suite A, Scottsdale, AZ 85260 p 480.421.6694 | www.Barrett-Jackson.com

COMPANY NAME	BOOTH LOCATION
CONTACT NAME	PHONE NUMBER
INTERNET SERVICE Please print of	r type
PLEASE NOTE that wired or wireless devices such	as switches, bridges, or routers are NOT PERMITTED to be used on the Barrett-Jackson network.
I LEASE NOTE that when or wheless devices such	as switches, bridges, or fouters are NOT I Elvini Field to be used on the barrett-Jackson network.
	OUR TOTAL DEVICES TO CONNECT DURING THE EVENT)
	of packs x \$375 per pack of 4 devices =TOTAL
Ordered by 1/14/23 and 1/19/23#	of packs x \$450 per pack of 4 devices = TOTAL
WIRED INTERNET SERVICE	
Ordered before 12/19/22	# of packs x \$520 per line = TOTAL
Ordered between 12/20/22 and 1/03/23	# of packs x \$930 per line = TOTAL
UNAVAILABLE after 1/03/23	
PLEASE LIST TYPE(S) OF DEVICES BEING USEE	O AND FOR WHAT PURPOSE:
1)	
2)	
4)	
5)	
AUCTION TV FEED (IPTV) Please	e print or type
AUCTION FEED ONLY FOR ONE DEVICE (IPTV ADAF	PTOR; DOES NOT INCLUDE TELEVISION). TELEVISIONS CAN BE RENTED THROUGH ADV SEPERATELY
Ordered before 12/19/22	# of lines x <b>\$345</b> (per device with Feed) = <b>TOTAL</b>
Ordered between 12/20/22 and 1/03/23	# of lines x <b>\$520</b> (per device with Feed) = <b>TOTAL</b>
UNAVAILABLE after 1/03/23	
	d form of payment and utilities must be paid in full prior to the event. ur credit card will be charged the appropriate amount on the date the form is submitted.
	Subtotal:



## **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.