



THE WORLD'S GREATEST COLLECTOR CAR AUCTIONS®

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

AUCTION TV FEED (IPTV) *Please print or type*

AUCTION FEED ONLY FOR ONE DEVICE (IPTV ADAPTOR; DOES NOT INCLUDE TELEVISION). TELEVISIONS CAN BE RENTED THROUGH ADV SEPERATELY

Ordered 15 days or more prior to show start date ___ # of lines x **\$300** (per device with Feed) = ___ **TOTAL**

Ordered 14 days to 2 days prior to show start ___ # of lines x **\$450** (per device with Feed) = ___ **TOTAL**

UNAVAILABLE 1 day prior to show start

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.

Subtotal: _____



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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.

Please complete the information below:

I _____ authorize BJAC to charge my credit card account indicated
(full name)

below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services – i.e. Sponsor Power, Internet & Auction Feed (IPTV))

Company _____

Name _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits 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.