

Barrett-Jackson Auction Feed (IPTV) Order Form

Company Name:	Booth Location:
Contact Name:	Phone Number:
 Internet Service Please contact Cox Home Network to Factor Cox Home Network 702-943-6500 https://tradeshows.coxhn.net/ Please Note: personal routers and/or factor for the service of the service	Purchase network extending equipment are not allowed.
Auction TV Feed (IPTV) TV and Feed of Live Auction Coverage (provide)	ed by Barrett-Jackson)
 Ordered before 8/23/21 	# of packs x \$500 per pack of 4 devices = TOTAL
 Ordered between 8/24/21-9/10/21 UNAVAILABLE after September 10th, 2 	# of packs x \$750 per pack of 4 devices = TOTAL 021.
Auction Feed Only (IPTV adaptor; client will p	rovide TV and use HDMI Screen to view feed)
 Ordered before 8/23/21 	# of packs x \$300 per pack of 4 devices = TOTAL
 Ordered between 8/24/21-9/10/21 UNAVAILABLE after September 10th, 2 	# of packs x \$450 per pack of 4 devices = TOTAL 021.
	Subtotal:
-	owed form of payment and utilities must be paid in full prior to iderstand that your credit card will be charged the appropriate rvices are based upon availability and location.
	INTERNAL USE ONLY:
	Date Rcvd:



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.

au (full name)	uthorize BJAC to charge my credit card account indicated	
pelow for on or after (amount)	r This payment is for (date)	
(description of goods/services – i.e. Sponso	or Power, Internet & Auction Feed (IPTV))	
Company	Name	
Billing Address	Phone#	<u> </u>
City, State, Zip	Email	
Account Type: Visa	MasterCard AMEX Discover	
Cardholder Name		
Account Number		
Expiration Date		
CVV/2 /2 digit number on book of Vice	a/MC, 4 digits on front of AMEX)	

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.