



# F1.0 ACCOUNT FORM



Please complete this form and return it to the Gold Coast Convention and Exhibition Centre no later than **(14) days** prior to your event bump-in.

Exhibition/Conference Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Stand Number: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Contact Name on Day: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Fax. No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates/Times required: \_\_\_\_\_

### Services Required

Coffee Shop Account

Other (please provide description) \_\_\_\_\_

Quote/Service Order number (if applicable): \_\_\_\_\_

Please nominate all persons authorised to sign charges to this account:

	Name/s	Signature/s
1		
2		
3		
4		
5		

I hereby authorise the Gold Coast Convention and Exhibition Centre to process authorised charges to the following credit card:

Bankcard     Mastercard     Visa     Diners card     American Express

Credit Card Number:                 Expiry date:

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Amount/Limit\*: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

\*All transactions will incur a fee: Visa, Mastercard, Bankcard 1.2%; American Express 2.8%, Diners 4.1%

### PLEASE RETURN TO:-

Gold Coast Convention and Exhibition Centre  
PO Box 1407, BROADBEACH QLD 4218  
OR FAX TO 07 5504 4001