

Method of Payment Form

Please return form to:

AMR Group, Inc.
6230 McLeod Drive, Suite 140
Las Vegas, NV 89120
Tel: 702-800-6385
Email: info@amrworldwide.com

Show Name: _____

Show Dates: _____

THIS FORM MUST BE COMPLETED AND RETURNED TO ENSURE SERVICE.
PLEASE INDICATE BELOW THE METHOD OF PAYMENT YOU WILL BE USING FOR SERVICES PROVIDED.

- VALID CREDIT CARD (Required by all customers)**
For your convenience, we will use this authorization to charge your credit card for advance orders and any additional amounts incurred as a result of show services placed by your representative. These charges may include all services provided by AMR Group, Inc., or any charges, which AMR Group, Inc. may be obligated to pay on behalf of the customer, including and without limitation any charges related shipping, customs, drayage, handling or duty and tax.

- COMPANY CHECK**
Please make check payable to AMR Group, Inc.

- BANK**
BANK TRANSFER
AMR Group, Inc. - c/o Chase Bank N.A.
6920 Arroyo Crossing Parkway
Las Vegas, NV 89113
U.S. Routing#: 322271627
Account#: 213516968
Swift Code: CHASUS33

Please reference show name and booth number on all bank transfers so we may properly credit your account.

****If you select to pay by check or bank transfer, any balance that remains unpaid after 35 days of billing will be charged directly to the credit card.** It is the responsibility of the customer to make prior arrangements with AMR Group, Inc. to avoid charging remaining balance to your credit card.
(Initial _____)

- PLEASE APPLY ALL CHARGES** for logistics services provided by AMR Group, Inc. to the following credit card. **Should you choose to pay by credit card, we will impose a 3.65% surcharge to cover the additional cost of credit card processing fees.**

- VISA
 MASTERCARD
 AMFRICAN EXPRESS

Account Number _____

Expiration Date _____

CVV Code _____

- Personal Card
 Company Card

Cardholder's Name _____

Signature _____

Billing Address _____

City, State, Zip _____

Date _____

I agree to be bound by the terms and conditions agreement on our website (www.amrworldwide.com) as well as the terms described on this method of payment form and have advised the responsible person from our company accordingly. Print and sign below.

Billing Information

COMPANY NAME _____

ADDRESS _____

PRINT NAME _____ SIGNATURE _____

PHONE _____ EMAIL _____