

CASTLE EVENTS

18 Juniper Hill Drive, Raynham, MA 02767

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www.NewEnglandHomeShows.com

P: (508) 823-0389 F: (508) 822-1292

ELECTRONIC PAYMENT FORM

CUSTOMER INFORMATION

Company Name: _____

Contact Name: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One: Foxboro Marlboro Topsfield Twin River-Lincoln, RI

CREDIT CARD INFORMATION

Account Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card Number: _____

Expiration Date: _____ Security Code**: _____

****SECURITY CODE REQUIRED for CC PAYMENT PROCESSING****

Please note that per Castle Events LLC policy, there is an additional 3% convenience fee for credit card processing.

Amount to Charge: _____ Cardholder Name: _____

☐ Check Here if Billing Address is the same as address above.

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Signature: _____

ACH PAYMENT INFORMATION (If payment preferred via ACH, please see below for bank info)

Account Holder Name: Castle Events LLC

Phone: (508) 823-0389

Billing Address: 18 Juniper Hill Drive, Raynham, MA 02767

Name on Account: Castle Events LLC

Account Type: Business Checking

Bank Name: Santander N.A.

Bank Address: 601 Penn Street, Reading, PA 19601

Account #: 10021706931 Routing #: 011075150 SWIFT Code: SVRNUS33

Return completed form to:

Fax:
(508) 822-1292

Email:
JeanneCastiglione@comcast.net
Jeanne@HGLMedia.com

Mail:
18 Juniper Hill Drive
Raynham, MA 02767

Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.

It is the Customer's responsibility to inform Castle Events of any changes to the billing address, expiration date and/or changes to the card holder's name on credit card account provided.

Surcharge fees are used to cover charges accrued from financial institutions when processing credit card transactions and Castle Events LLC does not profit from collected fees.

****SECURITY CODE
REQUIRED for CC
PAYMENT
PROCESSING****

Authorization

I authorize Castle Events LLC to debit the credit card account provided above for payment for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Authorized Signature: _____ Date: _____