

FAX TO: 1-866-258-0053
 ATTN: Accts Receivable

For HELP: Call 1-800-241-5458

Credit Card Payment Authorization Form

Credit card payments must be made on this form or on original contracts only for Bridal Show Booths, Brochure Ads & Ad Production. Be sure to fax in your form at least 5 days before the due date to protect your discounts. Your accounts will NOT be credited till our bank receives the funds from your credit card company. All information is required.

1). Select Type of Card: AMEX DISC MASTERCARD VISA

2). Card Number: _____ - _____ - _____ - _____ Exp Date: ____/____

3). V-Code (3-digits on back of card on far right side): ____/____/____

4). Company Name: _____

5). Person Named on Card: _____

6). Address Credit Card Bill is mailed to: _____

7). City: _____ State: _____ Zip Code: _____

8). Card Holder's Phone #: (_____) _____ - _____

9). Advertisers - Be Sure to write in your: _____ Account #: _____

| <u>Invoice #(s)</u> | <u>Amount Paid</u> |
|---------------------|--------------------|
| 1) _____ | \$ _____ |
| 2) _____ | \$ _____ |
| 3) _____ | \$ _____ |
| 4) _____ | \$ _____ |

Total Amount To Be Charged: \$ _____

10). Card Holder's Signature: You agree that if your credit card payment is rejected for any reason you will pay open invoices by check by their due dates to keep discounts.

By: _____ Title: _____ Date: ____/____/____
T:/media kit/cc auth form.doc