

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). Name of Member on Card: _____
- 6). Address Bill is mailed to: _____
- 7). City: _____ State: ____ Zip Code: _____
- 8). Card Holder's Phone #: (_____) _____ - _____
- 9). Advertisers - Be Sure to write in your: _____ Account #: _____

Invoice #(s)	Amount Paid
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