



Audio Visual Office
(951) 770-8654 Direct line
(951) 770-8542 Fax

Credit Card Authorization

Booth #: _____

Company Name: _____

Type of Function: _____

Date of Function: _____

Contact Name: _____

Telephone: _____

Sales Mgr. Contact: _____

Estimated Cost: _____

Cardholders Name: _____

Telephone: _____

Cardholders Address: _____

Fax: _____

Credit Card Number: _____

American Express: _____

Expiration Date: _____

Diners Club _____

Discover _____

MasterCard _____

Visa _____

(Cardholder's Signature)

Please charge my credit card for the following:

Advanced Deposit: Date: _____ Amount: \$ _____

Second Deposit: _____ Date: _____ Amount: _____

Final Balance: _____ Date: _____ Amount: _____