

**FAX TO: 1-888-226-0037**  
**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.** If your credit card payment is rejected, doesn't clear or is disputed for any reason, we will contact you to provide us a replacement card, or you may choose to mail us a check for the invoices due. You agree to reimburse us collection costs due to credit card problems. **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 #: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_