



## Credit Card Authorization Form

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Credit Card Type:    Visa    MC    AMEX    Disc. (please circle one)

Credit Card # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_(mm/yy)

V-Code \_\_\_\_\_

(The last 3 digits in the signature box on the back of your Visa/MC or the 4 digit small print number on the front of your AMEX card.)

Charge Amount: \_\_\_\_\_

Job/Invoice #: \_\_\_\_\_

Authorized Signature (required): \_\_\_\_\_

This form, with your permission, authorizes a one time charge to this credit card in your absence by Data Display Audio Visual Co., L.P. Only the amount specified will be applied to the job/invoice number(s) listed. At the conclusion of services rendered, equipment rented or purchased, a copy of the receipt and of the invoice(s) will be mailed, faxed, or emailed to your attention. All credit card inquiries/transactions are confidential. You may reach me Monday-Friday, 9:00 AM-5:00 PM at 713-688-7900 or jessica@ddav.com. **Please fax this to my attention at 713-688-5840.**

Thank You,

Jessica Mata  
Office Manager