



**Credit Card Authorization**

I \_\_\_\_\_, authorize Hughie's Audio Visual Services, Inc. to charge my ( ) American Express ( ) Visa ( ) Mastercard ( ) Discover for the total amount owing of \$ \_\_\_\_\_. The amount should be charged on account # \_\_\_\_\_ expiration date \_\_\_\_\_. For security purposes \_\_\_\_\_ (The Last 3 or 4 digits located on the signature panel) is my suffix number located also on the credit card. I agree to pay said total according to my card issuer agreement.

\_\_\_\_\_  
**Cardholders** Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

**Payment References:**

<u>Contract / Invoice #</u>	<u>Amount</u>
(1)	\$
(2)	\$
(3)	\$
(4)	\$

**PLEASE FAX THIS COMPLETED FORM, ACCOMPANIED WITH A LEGIBLE PHOTOCOPY OF BOTH SIDES OF THE CREDIT CARD, TO Debbie Accardi**

**@ 216-361-2570. THANK YOU!**

**My direct telephone line is 216-361-4600 Ext. 117**

**Email: [daccardi@hughies.com](mailto:daccardi@hughies.com)**