



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 # _____ exp. 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!

Office telephone line is 216-361-4600

Email: daccardi@hughies.com