



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, Jackie McCall

@ 412-621-7260. THANK YOU!

My direct telephone line is 412-621-1220 Ext. 12

Email: jmccall@hughies.com