



**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 Brian Kemp @ 412-621-7260. THANK YOU!**  
**Office telephone line is 412-621-1220**  
**Email: bkemp@hughies.com**