



CREDIT CARD HOLD AUTHORIZATION

(4% Credit Card Fee Added to Invoice if Not Paid Within Net 30 Terms)

I _____, of _____, authorize CPR MultiMedia Solutions™ to charge my credit card for products and/or services I have contracted to purchase or rent in the amount of \$_____ in the event that I do not pay the CPR invoice within net 30 day terms. This amount includes the invoice price of \$_____ plus a 4% credit card fee. I understand CPR MultiMedia Solutions™ will keep my signature on file.

Please charge my:

Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

The company name and billing address for my credit card account is:

This **is** a corporate credit card. Please use reference # _____ when processing this charge.
(This reference number is for customer tracking purposes. It can be a purchase order, department or other number determined by the customer for identifying this charge.)

This **is not** a corporate credit card.

CPR **is** authorized to use this credit card number for other charges (for future rentals or sales) if and only if, verbally authorized by me.

CPR **is not** authorized to use this credit card number for any other charges without written authorization.

Signature _____ Date _____

Printed Name _____

Title _____

*This information is confidential and is for CPR MultiMedia Solutions™ only.
Note: The charge on your credit card will be from Computer Projection Rentals, Inc.
(dba CPR MultiMedia Solutions)*