



7812 Cessna Ave Gaithersburg, MD 20879
Phone (301) 590-9400 Fax (301) 590-9402
www.cprmmms.com
www.videoroadshow.tv

CREDIT CARD AUTHORIZATION

(4% credit card fee added to invoice)

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 \$_____ plus a 4%
credit card fee in the amount of \$_____ for a total charge in the amount of
\$_____. 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. 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)

Revised 3-2011