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CREDIT CARD HOLD AUTHORIZATION

(4% credit card fee added to invoice if not paid within net 30 day terms.)

I _____, of _____,
authorize CPR MultiMedia Solutions™ to charge my credit card, in the event that I do not
pay the CPR invoice within net 30 day terms, for products and/or services I have
contracted to purchase or rent. This amount includes the invoice price 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:

Four blank lines for company name and billing address.

- 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)