

For an event they'll never forget

>>> CREDIT CARD AUTHORIZATION

Company Name:		Owner:		
Street Address:	Co	ntact:		
City:	State/Prov:	Zip/Postal:		
Phone:	Fax:		Cell:	
Email:	Contact:	Type	of business:	
CREDIT CARD INFORM	MATION			
Visa Mastercard				
Credit Card #:	Expira	Expiration Date:/ Security Code:		
Cardholder's Name:	Cc	Corporate Personal		
Billing Address:				
City:	State/Prov:		_ Zip/Postal:	
In the event of a return chec	ck, Susan Murray International ha	as the authority to cha	arge this credit card the amount of	
the check plus a \$25.00 ret	urn check administration fee. In t	he event that my net	30 account is past due (from date	
of invoice) and all efforts hav	ve been made by Susan Murray li	nternational to collecte	ed past due funds, the full amount	
due will be charged to my a	ccount (you will be notified via pl	none, fax or email bef	ore charge is processed).	
I hereby authorize the relea	se of credit information requeste	d by Susan Murray In	ternational for the purpose of	
credit approval with this cor	mpany.			
Signature:	Printed nar	ne:	Date:	