



Credit Card Authorization Form

Event Name/Order Number:	Booth Number (if applicable):
--------------------------	-------------------------------

Card Holder Information

Company Name:	Name on Card:	
Cardholder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

Payment Authorization

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number:	
Expiration Date: Security Code:	
Please reference the picture on the right for the location of this number on your card. (Visa, MasterCard: 3 digits on back, AMEX: 4 digits on front)	

I wish to authorize the purchase of services/merchandise from CMI Communications using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold CMI Communications harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one (1) year.

ALL INFORMATION IS CONFIDENTIAL

_____	_____	_____
Print Name	Signature	Date

Submitting This Form

Directions: Please print this page, fill in all required information above, and fax to CMI Communications at 585-424-1913, or mail to 400 Mile Crossing Blvd. Rochester, NY 14624.

AUDIO VISUAL PEOPLE

CMI Communications - Headquarters
 400 Mile Crossing Boulevard
 Rochester, NY 14624
 Toll Free: (888) 736-8264
 Office: (585) 424-1900
 Fax: (585) 424-1913
info@cmiav.com

Albany Office
 14 Jupiter Lane, Suite 1
 Albany, NY 12205
 Office: (518) 867-3288
 Fax: (518) 867-3290
albany@cmiav.com

Washington, DC Office
 9901 Business Parkway, Suite J
 Lanham, MD 20706
 Office: (202) 600-4777
dc@cmiav.com