



SUSAN MURRAY

For an event they'll never forget.

>>> **CREDIT CARD AUTHORIZATION**

Company Name: _____ **Owner:** _____

Street Address: _____ **Contact:** _____

City: _____ **State/Prov:** _____ **Zip/Postal:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email: _____ **Contact:** _____ **Type of business:** _____

CREDIT CARD INFORMATION

Visa Mastercard

Credit Card #: _____ **Expiration Date:** ____/____/____ **Security Code:** _____

Cardholder's Name: _____ **Corporate** **Personal**

Billing Address: _____

City: _____ **State/Prov:** _____ **Zip/Postal:** _____

In the event of a return check, Susan Murray International has the authority to charge this credit card the amount of the check plus a \$25.00 return check administration fee. In the event that my net 30 account is past due (from date of invoice) and all efforts have been made by Susan Murray International to collect past due funds, the full amount due will be charged to my account (you will be notified *via phone, fax or email before charge is processed*).

I hereby authorize the release of credit information requested by Susan Murray International for the purpose of credit approval with this company.

Signature: _____ **Printed name:** _____ **Date:** _____