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CREDIT CARD AUTHORIZATION

I _____ of _____ authorize CPR MultiMedia Solutions™ to charge my credit card for products and/or services I have contracted to purchase or rent for job/invoice# _____ 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 _____
Security Code _____

The name and billing address for my credit card account is:

This **is** a corporate credit card. This **is not** a corporate credit card.

Signature _____ Date _____

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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.
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