

[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 _____
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.

___ 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 other charges without written authorization.

Client Signature: _____ Date Signed: _____

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)