



Credit Card Authorization Form

Company Name: _____

Company Address: _____

Credit Card Type (circle): Visa MasterCard Discover American Express

Credit Card Number: _____

Name on Credit Card: _____

Expiration Date: ____/____ 3 or 4 (AMEX) Digit CSC: _____ Billing Zip Code: _____

Email: _____

Printed Name: _____

Signature: _____

Date: _____

Please Note: An additional 4% processing fee will be charged with all credit card transactions.

Stetler Media and Expos is responsible to keep your credit card information secured and non-transferable to any other 3rd part.

For Office Use Only:

Account Executive: _____

Amount/Date: 1) _____

2) _____

3) _____

4) _____