

# CREDIT CARD AUTHORIZATION FORM

Please fax the signed and completed form back to us on our secured fax machine at 503.222.1047.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Order/Tradeshow Name \_\_\_\_\_ Event Date \_\_\_\_\_

I, \_\_\_\_\_, authorize Peter Corvallis

Productions, Inc. to charge my credit card account in the amount of \$ \_\_\_\_\_  
(includes shipping, labor and/or taxes if applicable).

Signature of Authorized User \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card (circle one)    VISA    Mastercard    AMEX    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3-Digit CVV2/CVC2 code \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customer from credit card fraud. All information entered on this form will be kept strictly confidential.



*Peter Corvallis Productions*

S I N C E 1 9 5 9