

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