



Credit Card Authorization Form

Contact Information			
Contact Name:		Email:	
Company/Org:		Phone:	

Payment Information			
Event Name:			
Payment or Refund Request:	Credit	Refund	
Amount:			
Payment Type:	AMEX	MasterCard	VISA
Name on Card:			
Card Number:			
Expiration Date:			
Security Code:			
Notes:			

Authorizing Signature (choose OPTION 1 or OPTION 2)			
OPTION 1: Digital Signature		Today's Date:	
OPTION 2: Written Signature		Today's Date:	
Printed Name			
The individual signing this contract represents and warrants that he/she is authorized to use the card indicated above.			

Submitting This Form	
Email:	SComer@eventPower.com
Fax:	(703) 740-1962 (cover page not necessary)

Conference Management Company	
Direct Marketing Productions, Inc. DBA: eventPower Attn: Accounts Receivable 5667 Stone Road Box 575 Centreville, VA 20120	Questions: Accounts Receivable (703) 740-1962 Director of Sales (703)740-1940 www.eventPower.com