

## **CREDIT CARD AUTHORIZATION FORM**

Show Name:	Date	
Company Name:		
Name:		
Telephone Number:		_
Email:		
Payment Method (Circle One): Mastercard	Visa American Express Discove	er
Amount To Be Charged: \$		
Credit Card#:		
Expiration Date:/ Security Code:		
Name appearing on Credit Card if different from above:		
Authorization Signature:		
Today's Date:		

Return via email or fax to 203-259-3354

Sign both pages and send to:

Donnell Productions, 75 Old Post Road Southport, CT 06890

FAX: 203-259-3354 PHONE: 203-259-3351 EMAIL: wlexpos@womenslivingexpo.com