

CREDIT CARD AUTHORIZATION FORM

COMPANY/ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

FAX#: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ / _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S SIGNATURE: _____

TODAY'S DATE: _____

NAME OF GROUP/OR FUNCTION _____

DATE OF FUNCTION/OR ARRIVAL DATE: _____

ON SITE CONTACT/OR GUEST'S NAME: _____

I hereby authorize the Directions Media to charge the credit card above for the following. Please circle all charges that will apply:

\$300 for wireless internet connection for LI conference Oct 5-7th.

TOTAL TO BE CHARGED: _____ \$300 _____

A PHOTO COPY OF CREDIT CARD FRONT AND BACK IS REQUIRED

PLEASE FAX COMPLETED FORM TO:

TO THE ATTENTION OF JANE ELLIOTT

Directions Media
847-242-0412 phone
240-250-7257 fax

194 Green Bay Road
Glencoe, IL 60022