



MAGAZINE PUBLISHERS
TRADE SHOW PRODUCERS

National Business Media, Inc.

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CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

Customer: _____

Sales Rep: _____ Account #: _____

Invoice #: _____ Invoice Date: _____

Issue: _____ Magazine/Show: _____

Card Type: MasterCard Visa American Express Discover

Payment for:

Advertising: \$ _____ Booth: \$ _____ Training: \$ _____ Total \$ _____

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Email Address: _____

Credit Card #: _____ Exp Date: _____

**PLEASE SIGN AND DATE BELOW.
FAX TO 1-855-945-1988 Attn: JEN**

Customer Signature: _____ Date: _____

PLEASE RETAIN A COPY FOR YOUR RECORDS

Thank You!