

Payment Authorization Form

Please provide the following information with each order placed. Turnaround time subject to order size.

Are You Tax Exempt in Boston: YES NO (If yes send Tax Certificate)

Onsite Contact Name: _____ Onsite Phone: _____

Event Name: _____ Show Office: _____

Show Dates : _____ Delivery Location: _____

Date Files Received: _____ Date of Completion: _____

PLEASE SEND ALL FILES IN PDF FORMAT

Instructions

This form authorizes FedEx Office to charge the following credit card / CAS account for services performed. Complete this form and fax it to FedEx Office at : 617-954-2204.

Customer/Account Information

Date	Company Name (if applicable)	Customer Name	
Address 1			
Address 2			
City		State	Zip
Phone	Fax	E-mail	
Name of Card Holder (print)		Credit Card Type (check one)	
		<input type="checkbox"/> FedEx Kinko's Commercial Account (not FedEx shipping acct.) <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Account Number			Expiration Date
Amount to be Charged			
Credit Card Holder's Authorization Signature			Date
Authorized Users List			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	