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3033 Circle Court
Cleveland, Ohio 44113
Phone: 216-566-5953
Fax: 866-728-3775
www.getvamp.com

COMPANY NAME: _____ BOOTH#: _____

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize getVAMP LLC

To charge my credit card account in the amount not to exceed: \$ _____ + 3% processing fee.

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Name (as it appears on the card): _____

_____/_____/_____
Cardholder's Signature Date

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Telephone: _____ Email: _____

As the credit card holder, I also authorize getVAMP LLC to charge my credit card for future purchases approved by me via email authorization.

Authorization Valid Until: _____ / _____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. GetVAMP LLC will keep all information entered on this form strictly confidential.