



South Florida Senior Expos
EXPO MEDIA, INC.
4846 N. University Drive
Suite 134
Ft. Lauderdale, FL 33351
Phone: 754-246-2874
Fax: 954-462-6672

Credit Card Authorization Form

CARD HOLDER INFORMATION

Name or Company Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

PHONE: _____

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard Discover American Express

Card No.: _____ **Exp. Date:** _____

Card Identification Number (CVV2 Code): _____

I, _____ authorize EXPO MEDIA, INC. to process a charge against my credit card account in the amount of \$ _____

for the payment of the Senior Lifestyle & Healthcare Expo

Telephone Number: 754-246-2874 Fax Number: 954-462-6672

EMAIL ADDRESS: expomedia@hotmail.com

Print Name as it appears on Credit Card: _____

Signature: _____

Date: _____

- Any refunds requested on these expos will be honored toward future events or Senior Expo advertising. No cash or credit card refunds, no exceptions.

Note: EXPO MEDIA, INC. does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.