



Credit Card Authorization

Invoice Number: _____

Company			
Address			
City	State	Zip	Country
Authorized by			
Telephone ()		Fax ()	

Credit Card Authorization

- By completing this form, you authorize the Chase Marketing Group LLC, d/b/a Immersa Marketing, to charge this card for all products and services rendered.
- If you claim tax exempt status, you MUST provide us with a copy of your Tax Exempt Certificate issued by the federal government or state in which your event is taking place, simultaneously with this form..
- Incomplete and/or unsigned forms will not be accepted.

Card Type

- MasterCard
- Visa
- American Express

Account Number

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Provide Expiration Date

Expiration Date

CVV

Amount (USD)
\$

CARDHOLDER NAME (PLEASE PRINT) _____

BILLING ADDRESS _____

CITY STATE ZIP COUNTRY

TELEPHONE FAX
() ()

PLEASE SIGN **X**