

FEP SEARCH GROUP

Corporate Account Credit Card Authorization/Charge Form (The Food & Beverage Journal, Regional Job Alerts - Advertising)

Name of Organization: _____ Cust #: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Contact Phone #: _____

I authorize use of my credit card to secure payment for my account with FEP Search Group.

If you are using this form to change your credit card information you do not need to complete this next section.

This time only: Invoice #(s): _____

Authorized Amount \$ _____

Recurring each month:* Authorized Amount \$ _____

**Amount billed each month may vary, depending upon use.*

TYPE OF CREDIT CARD: VISA Master Card American Express

Credit Card # _____ Exp. Date: _____

Credit Card Security # (last 3
or 4 digits on back of card) _____

Card Holder's Name: _____

Authorized Signature: _____

Title: _____ Date: _____

Please return by fax to: (416) 979-0768 *secure line*
Attn: Steve Brennan
