



IMN Credit Card Authorization Form

Influence Media Network

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Business Phone # : _____

Name as appears on card : _____

Credit Card Type : _____

Credit Card # : _____

Exp. Date : _____

Security Code : _____

The undersigned represents and warrants that he/she is an authorized agent of
_____, and has the authority to request

purchases be charged to the above specified credit card.

Purchasing Representative : _____

Signature : _____

Date : _____

Signature of Cardholder
(if different than purchasing Rep.) : _____