

CREDIT CARD/METHOD OF PAYMENT

THIS FORM MUST BE COMPLETED AND RETURNED TO EFI, INC.

RETURN TO: Exposition Productions LLC.
 555 E. Pamalyn Avenue, Suite B
 Las Vegas, NV 89119

QUESTIONS? (702) 617-2732 FAX: (702) 617-3750

Please PRINT the following information:

COMPANY NAME:	ORDERED BY:
STREET ADDRESS:	CITY: STATE: ZIP:
PHONE:	FAX:
SIGNATURE OF PERSON ORDERING:	DATE:

PAYMENT OPTIONS: MasterCard VISA American Express

CARD TYPE: Personal Credit Card Company Credit Card

ACCOUNT NUMBER:

EXPIRATION DATE: _____

If using MasterCard, indicate the four-digit number above the name: _____

Please PRINT the following information:

CARDHOLDER'S NAME:		
BILLING STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
DRIVER'S LICENSE NUMBER:		STATE:

This Credit Card Authorization form will only be used upon instruction or in case of non-payment by the company in accordance with the agreed upon credit terms extended by EFI, Inc.

CARDHOLDER'S SIGNATURE: _____ DATE: _____