



CREDIT CARD SALES AUTHORIZATION

PLEASE RETURN VIA FAX TO (617) 876-2617.

QTY	DESCRIPTION	AMOUNT
	New York City Roundtable	USD \$ 195
	TOTAL:	USD \$

This form is to be completed by the cardholder.

- VISA
- MASTERCARD
- AMEX

For billing questions, please contact AIRINC Accounting:
 Tel: +1 617 354-2133
 Email: invoicing@air-inc.com

NAME (please PRINT name as it appears on card)

COMPANY NAME

PHONE NUMBER

Cardholder acknowledges receipt of goods and/or services in the amount of the TOTAL shown hereon; and agrees to adhere to the obligations set forth in the Cardholder's Agreement with the Card Issuer.

CREDIT CARD NUMBER

CARD EXPIRES

CARDHOLDER SIGNATURE

TODAY'S DATE



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