

CREDIT CARD AUTHORIZATION

COMPANY:

AUTHORIZED REPRESENTATIVE:

CREDIT CARD TYPE:

CARD NUMBER:

EXPIRATION DATE:

EXTRA 3- OR 4-DIGIT SECURITY CODE (FROM BACK OF CARD):

BILLING ADDRESS OF CREDIT CARD:



Print Synergy 09

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Conference: May 7-9, 2009 • **Expo: May 8-9, 2009**
Cobb Galleria Centre, Atlanta, Georgia

.....

I, _____ (representative),
am an authorized representative of _____ (company) and
hereby authorize **PIAG** to charge our card listed above in the amount of \$ _____

This payment is for _____
(state what the charge is for; example: a 2/3rds deposit for exhibit space at **PrintSynergy**)

Representative Signature: _____

Please fax this form to **(404) 420-2827** or mail it to:

PrintSynergy / PIAG
5020 Highlands Parkway
Smyrna, Georgia 30082

THANK YOU!

PrintSynergy 2009 • 5020 Highlands Parkway • Smyrna, Georgia 30082
Toll Free: (800) 288-1894 • Phone: (770) 433-3050 • Fax: (404) 420-2827 • Email: sales@PrintSynergy.com • Website: www.PrintSynergy.com
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