

Credit Card AUTHORIZATION & PAYMENT FORM

Advertising Educational Foundation
10 Grand Central, 155 East 44th Street
New York, NY 10017
212.697.5950



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the Advertising Educational Foundation ("AEF") to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Customer Information

| | | |
|-----------------|------------|------------------|
| PAYMENT AMOUNT: | INVOICE #: | |
| AUTHORIZED BY: | DATE: | |
| ORDERED BY: | PHONE: | PAYMENT PURPOSE: |

Company Information

| | | |
|--------------------------|----------------|--------------|
| COMPANY NAME: | | |
| COMPANY MAILING ADDRESS: | | |
| COMPANY CITY: | COMPANY STATE: | COMPANY ZIP: |
| TELEPHONE: | | |

Credit Card Information

American Express Visa MasterCard Diners Club Discover

| | | |
|------------------------------------|---|------|
| CREDIT CARD ACCOUNT #: | CREDIT CARD EXPIRATION DATE: | |
| NAME AS IT APPEARS ON CREDIT CARD: | CARD SECURITY CODE: <small>4-DIGIT NUMBER ON FRONT OF AMEX 3-DIGIT NUMBER ON BACK OF VISA/MASTERCARD/DISCOVER/DINERS CLUB</small> | |
| BILLING MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP: |

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature Agreement:

By sending this, you are confirming your identity, that you understand that an electronic signature is taking place and you intend to be bound by and authenticate this electronic record and attest to the statements contained within, and that you understand that submitting another individual's electronic signature or attesting to false statements in an electronic record is a false statement that is punishable as unsworn falsification; and may constitute other crimes such as perjury, theft, attempted theft, criminal mischief, forgery, criminal impersonation, scheme to defraud or criminal use of a computer; or other criminal offenses under state, municipal, or federal law.

Please return this completed form to:
AEF
10 Grand Central, 155 East 44th Street
New York, NY 10017
Fax to: 212-986-8061

For more information or questions, call 212.697.5950