



## Credit Card Authorization Form

If you would like to pay by Credit Card, please fill out the following form and mail or fax to our office

Company Name: \_\_\_\_\_

Credit Card Type (Circle One):      Visa      M/C      Discover

Name as appears on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security(CVV) Number: \_\_\_\_\_ (Last 3 digits usually found on signature line on back of card)

Amount to Charge: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Billing Address City, State, Zip: \_\_\_\_\_

I authorize Alaska Genesis Productions Inc. to charge to my credit card account and I accept these charges.

Fax to:  
Alaska Genesis Productions Inc.  
Alaska Gift Show  
Attn: Accounts Receivable  
(907)258-2233

Signature: \_\_\_\_\_

### Pay by Check Form

I would like to pay by check, Please fax me a invoice to FAX#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mail Check to: Alaska Genesis Productions Inc.

Attn:Accounts Receivable, PO Box 200846 Anchorage, Alaska 99520