



TECHNISPHERE CORPORATION

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CREDIT CARD AUTHORIZATION PAYMENT FORM

I, _____ authorize the use of my AMEX, Visa, MasterCard, or Discover, to be used for payment by Technisphere Corporation.

Card Number _____

Expiration Date _____

Card Type (Check One): AMEX Visa MasterCard Discover

Company _____

Card Holder's Name (Print) _____
(Exactly as it appears on the credit card)

Card Holder's Signature _____

Date of Signature _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Card Holder's Phone Number _____

- PERSONAL CHECKS ARE NOT ACCEPTED AS SECURITY DEPOSITS

Please fax back to the Rental Dept. at: 646-473-1478