

CREDIT CARD AUTHORIZATION

CREDIT CARD BILLING INFORMATION

CARD HOLDER'S NAME _____

CARD BILLING ADDRESS _____

CITY/STATE/ZIP _____

PURCHASE ORDER NUMBER _____

PROJECT SHIPPING ADDRESS _____

CITY/STATE/ZIP _____

BY SIGNING THIS FORM, I HEREBY AUTHORIZE MEDIA SERVICES, INC. TO CHARGE MY CREDIT CARD SHOWN BELOW FOR THE CHARGES DUE TO MEDIA SERVICES, INC.

_____ AUTHORIZATION FOR THIS JOB ONLY
JOB NAME AND INFO _____

_____ BLANKET AUTHORIZATION

_____ VISA _____ MASTER CARD MO YR

CARD NUMBER _____ Exp. ____/____

ADDITIONAL THREE NUMBERS FROM BACK SIGNATURE STRIP OF CARD _____

AUTHORIZATION SIGNATURE _____

REQUIRED: PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE/I.D. AND CREDIT CARD BELOW.

DRIVERS LICENSE ↓

CREDIT CARD ↓