

# CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO  
OUR OFFICE BY FAX: (310) 644-1771 OR EMAIL.

NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX

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

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

Billing Zip Code: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

## VISA / MASTERCARD



**Card  
Identification  
Number**

## AMERICAN EXPRESS



Amount Charged: \$ \_\_\_\_\_ (USD)

Apply Amount to:

\_\_\_\_\_ (Invoice Number)

\_\_\_\_\_ (Other: \_\_\_\_\_)

***FAX or send the authorization to:***

Presentation Media, Inc.  
13040 Cerise Ave  
Hawthorne, CA 90250 U.S.A.  
Phone (310) 644-7999 Fax (310) 644-1771

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