



Credit Card Authorization Form

1-800-474-8996

Company Name: _____

Type of Card: _____ Card #: _____

Name on Card: _____ Exp. Date _____ CVN# _____

Billing Address: _____ Phone Number: _____

For Credit Card _____

_____ Email: _____

This form authorizes Mediatechnics Systems, Inc. to charge your/your Company's Credit Card for the purchase of CD/DVD Duplication Equipment or Services.

Order Description: _____

Order Shipping to: _____

Signature: _____ Date: ____/____/____