

10 Iron Trail Rd * Biddeford * ME * 04005 * Tel 207-286-3000



Credit Card Authorization Form

Customer Information:

Company Name _____

Address _____

City, State, ZIP _____

Tel.: _____ Contact _____

Fax: _____

Credit Card Information

Card Type

- Visa
- Mastercard
- Discover
- American Express

Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

City, State, ZIP _____

Authorization

I, _____, hereby authorize Media Services Group to charge my credit card, specified the amount of \$ _____ for the services or purchases from Media Services Group.

Name (please print) _____ Title _____

Signature _____ Date _____

Please fax form to: Media Services Group 207-286-2338

2/7/2005

Confidential