



Show Control & Multi Media Systems
AUDIO VIDEO LIGHTING AUTOMATION ROBOTICS ANIMATION

Credit Card Authorization\Order Form

CUSTOMER NAME:		<input type="checkbox"/> BUSINESS	<input type="checkbox"/> RESIDENCE
PURCHASE ORDER.#:		<i>Please attach a copy</i>	
TYPE OF CARD:		VISA <input type="checkbox"/>	MC <input type="checkbox"/> AM EX <input type="checkbox"/> DISCOVER <input type="checkbox"/>
NAME AS IT APPEARS ON CARD:			
BILLING ADDRESS OF CARD HOLDER:	ADDRESS:		
	CITY, STATE, ZIP:		
	COUNTRY:		
TELEPHONE:		FAX:	
CREDIT CARD ACCOUNT#:			
EXPIRATION DATE:		SECURITY CODE	(REQUIRED)

AMOUNT OF ITEM(S):	\$
APPLICABLE SALES TAX:	\$
SHIPPING COST (TBD)	\$(Shipping will be billed separately)
TOTAL COST:	\$

Please provide shipping account information below:*The slowest service will be assumed if no other service is indicated.*

SHIPPING METHOD: PLEASE SELECT ONE *IF OTHER PLEASE INDICATE:*

Account #:	Service Type:
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DESCRIPTION OF SALE:

I, _____, authorize MediaMation, Inc. to debit my credit card for the amount shown above and I assume final responsibility for all charges.

SIGNATURE OF CARD HOLDER

DATE

If your ship to address is not the same as your bill to address please indicate ship to address below:

SHIP TO:
