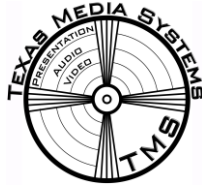


**TEXAS MEDIA SYSTEMS**  
4311 MEDICAL  
PARKWAY  
AUSTIN, TX 78756



**PH. 512.440.1400**  
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## **CREDIT CARD AUTHORIZATION**

*Fax, Phone, and E-Mail*

*For purchases by*

### **PLEASE FAX BACK WITH COPY OF CREDIT CARD AND PHOTO ID**

*Note: To ship to a different place than the billing address, the shipping address must be added to the credit card. Contact your card company to add another verified address.*

**Invoice #:** \_\_\_\_\_ **Sold To:** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

I authorize Texas Media Systems to charge my:

**Visa**       **MasterCard**       **Amex**       **Discover**

**Card Number:**   

**Security Number:**             **Expiration Date:**    \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name as it appears on card		Customer Service Phone # (back of card)	
Billing Address line 1		Billing Address line 2	
City	State	Zip	Residential Address? ____ Y ____ N

*Shipping Address must be on file with the Credit Card Company as a verified address.*

Shipping Address line 1		Shipping Address line 2	
City	State	Zip	Residential Address? ____ Y ____ N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Seller Reserves the Right to refuse sale to the cardholder in the event that seller is unable to verify the authenticity of the credit card or the authority of the person placing the order to use the credit card. In which case, seller will not charge the cardholder's credit card. This credit card authorization does not constitute a promise to sell on behalf of the seller.*

<b>FOR OFFICE USE ONLY</b>			
Received by: _____ Phone _____ Fax _____		Shipping Address same as Billing Address: ____ Y ____ N	
Issuing Institution Check: ____ Y ____ N		AVS: ____ Y ____ N / Reason:	
Authorization #:		By:	Date: