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## Credit Card Authorization Form

We would like to thank you for placing your order with Multimedia Systems.

• Please take a minute and fill out this form as requested by major credit card issuing financial institutions. This form is required for all credit card orders.

• This is a general questionnaire which is **solely to protect you and us**.

• Please keep in mind that the provided information is obtained only for the purposes of this specific order for the amount specified and is considered **CONFIDENTIAL**. In no condition are we to disclose the provided information for any other purpose and/or any other institutions.

Card Type       

Name of the Financial Institution (Bank) issuing the card: \_\_\_\_\_

Customer service phone number on back of your credit card: (        ) \_\_\_\_\_ - \_\_\_\_\_

Credit card number: \_\_\_\_\_ expiration date \_\_\_\_\_

Credit Card holders name: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ Estate: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ Estate: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(if different from Billing, Shipping address must be listed with Your credit card Company, otherwise we ship to billing address only.)

Shipping address must be listed with Your credit card Company, otherwise we ship to billing address only.

Total Charges: \$ \_\_\_\_\_

Authorized card Holders Signature: \_\_\_\_\_

I/We as the authorized cardholder agree to the charges mentioned above and authorize AVPlasma.com (Mirage Multimedia Systems Inc.) to charge the indicated amount on my card. The items are to be shipped to billing address unless a different address is provided by me, the authorized user.

Photocopy of the Front and back of the actual credit card and  
Photocopy of your ID is required to be faxed to 310-861-5875 as well.