

VIDEO PRODUCTION . PHOTOGRAPHY . GRAPHIC DESIGN . SOUND

Please complete the following form and fax in to our office at **(702) 836-3684**

Date _____

I _____, hereby authorize MG STUDIO, to charge my credit card account in the amount not to exceed: \$ _____ (Invoice No: MG _____)

Master Card

Visa

American Express

Credit Card Number: _____ Exp. Date: _____
VID/Security Code: _____ (Found On Back Of Card)

Credit Card Billing Address:

Address _____ Suite No. _____
City _____ State _____ Zip _____
Country _____
Telephone _____

Shipping Address:

SAME AS BILLING ADDRESS

Address _____ Suite No. _____
City _____ State _____ Zip _____
Country _____
Telephone _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Signature _____ Date ____ / ____ / _____

As the credit card holder, I also authorize MG Studio to charge my credit card for future service rendered verbally approved by me.

Authorization Valid Until ____ / ____ / _____ Initials _____

All information provided above will be kept confidential and private. In addition, by charging with your credit card, a (3%) charge will be added to the above balance listed for each transaction.