

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.

**PAYMENT TERMS:**

1<sup>st</sup> DEPOSIT DATE (50%): \_\_\_\_\_  
2<sup>nd</sup> PAYMENT DATE (25% If Applicable): \_\_\_\_\_  
FINAL PAYMENT DATE (Balance%): \_\_\_\_\_