

Credit Card Authorization



Cardholder Name_____

Company Name_____

Credit Card Number_____

Expiration Date_____

Security ID Code (CID#)_____

Credit Card Bank Name_____

CC Bank Phone Number_____

Card Billing Address_____

City/State/Zip_____

Office Phone_____ Home Phone_____

Drivers License Number _____

State Issued _____ Exp Date_____

Please provide a photo copy front and back of your driver's license and credit card onto an attached sheet.

I hereby authorize Hi-Tech Enterprises, Inc. d/b/a Access Media Group to charge my credit card above for payment, security deposits, and insurance deductibles. I take full responsibility for payment and any damage that might occur.

Cardholder Signature_____

Date_____ Printed Name_____

Keep form on file for future business? Yes_____ No_____