Texas Media Systems
4311 Medical Parkway
Austin, TX 78756

PH. 512.440.1400
Fax 512.440.1490
www.texasmediasystems.com

CREDIT CARD AUTORIZATION

For purchases by Fax, Phone, and E-Mail

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.

FOR OFFICE USE ONLY		
Received by: _____ Phone _____ Fax	Shipping Address same as Billing Address: _____Y _____N	
Issuing Institution Check: _____Y _____N	AVS: _____Y _____N / Reason:	
Authorization #:	By:	Date: