

CREDIT CARD AUTHORIZATION FORM

American Express Mastercard Visa

Card Number: _____

Expiration Date: ____/____/____

CODE ON BACK OF CARD _____

Card Holders Name: _____

Billing Address _____

City _____

State _____ ZIP _____

Card Holder Phone Number: () _____ - _____

Charge Authorized Amount: \$ _____

Card Holder Signature: _____

Card Holder Name (Print) _____

I, _____, hereby authorize Formedia, Inc, to make charges in the amount of \$ _____ to my Credit Card in consideration for products as requested by me.

Today's Date: _____

Charge mentioned on statement will appear as "*Formedia, Inc.*"

Fax back to: (212) 216-9359