



37 West 39<sup>th</sup> St. Suite 906, New York, NY 10018 Tel: 212-213-2740 Fax: 212-213-2754

## **Credit Card Authorization Form**

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Please fax back to 212-213-2754 or mail to above address.

I, \_\_\_\_\_, hereby authorize TVI Designs to charge my credit card account for services rendered as they come due per proposals and invoices.

### **Credit Card**

( ) VISA      ( ) MASTERCARD      ( ) AMERICAN EXPRESS      ( ) DISCOVER

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code \_\_\_\_\_ (3 last digits on back of VISA/Mastercard, 4 digits on front of AMEX)

### **Credit Card Billing Address**

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.  
TVI Designs will keep all information entered on this form strictly confidential.