

TOTAL SONIC MEDIA

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USA

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fax +1-718-383-0362

CREDIT CARD PAYMENT AUTHORIZATION FORM

FAX TO: (+1) 718-383-0362

TOTAL: \$ _____ US dollars

INVOICE #: _____

INVOICE date: _____

DATE: ____/____/____

CREDIT CARD #: _____

EXPIRATION: ____/____

SECURITY # (3 digits after card # on back of card): _____

NAME ON CARD: _____

BILLING/SHIPPING ADDRESS:

I hereby authorize Total Sonic Media to charge my credit card indicated above for the total amount indicated above.

Signature

Date

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.