

## CREDIT CARD AUTHORIZATION FORM

### ***Instructions***

1. Complete the form by printing legibly all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to our secure fax machine at **704-262-9882** to complete your order.

I, \_\_\_\_\_, hereby authorize KS Audio Video to charge my credit card account in the amount of \$\_\_\_\_\_ (including shipping and/or taxes, if applicable).

Type of Card:    VISA    MASTERCARD    AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Name on Card \_\_\_\_\_

### **Credit Card Billing Address**

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Requested Shipping Address**

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

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

Date \_\_\_\_\_

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by KS Audio Video.**

**Complete and fax all documents required to: 704-262-9882**