



1999 Mt. Read Blvd.  
Rochester, NY 14615  
(585) 756-2950  
(585) 756-2949 Fax

## CREDIT CARD AUTHORIZATION

Please fill in applicable blanks and return it by FAX for a speedy process.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_  
(your company name)

hereby authorize layerONE media to charge as following

Name of Cardholder: \_\_\_\_\_

Cardholder's Account Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Card Issuer: \_\_\_\_\_

Card Organization:    Visa ( )        MasterCard ( )        American Express ( )

Card Identification Number (Needed for all Credit Cards): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Cardholder's Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_ for Invoice# \_\_\_\_\_ Dated on \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_ for Invoice# \_\_\_\_\_ Dated on \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_ for Invoice# \_\_\_\_\_ Dated on \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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***Should you wish this credit card to be on file and the authorization to be in effect unless withdrawn later for a reason in writing, please sign below.***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Authorization will be submitted via e-mail/fax to approve payment for each Invoice/amount
- Process payments without individual authorization of each order.