

CREDIT CARD AUTHORIZATION

CUSTOMER/CARDHOLDER INFORMATION

COMPANY NAME:	Date:
NAME ON CREDIT CARD:	
CREDIT CARD BILLING ADDRESS	
CITY:	_ STATE: ZIP:
CREDIT CARD INFORMATION	
Visa Mastercard American Expres	SS
Credit Card Number	Security Code
Expiration Date (Month and Year)	

I certify all information provided Media Technology, Inc. is true and correct and hereby authorize Media Technology, Inc. to charge the above credit card the amount of:

\$______+ 3% Credit Card Processing Fee

The charge will appear on your statement as Media Resources, Inc.

CARDHOLDER SIGNATURE

FAX THIS COMPLETED FORM TO (405) 682-4404

Email to: lora@mtiokc.com