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## Credit Card Authorization Form

### Instructions:

Cardholder please fill in all information, including signature and date.  
Incomplete forms cannot be processed and may delay completion of job.  
Please fax signed and completed form to 207.284.8939

(Please print or type)

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Company Name:</b>		
<b>Billing Address for Credit Card:</b>		
<b>Street:</b>	<b>Apt/Suite #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>	<b>Phone Number:</b>	<b>Fax Number:</b>

## Credit Card Payment

Please charge my:  Visa  MasterCard  Amex  Discover

<b>Credit Card Number:</b>	<b>Expiration Date:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

Above signature indicates that I authorize Benchmark Multimedia to charge the above credit card for services rendered.

Please call 207.284.8935 if you have any questions.