

TO:

FAX #



## CREDIT CARD Information Form

Multi-Media Solutions, Inc.  
PO Box 113, Alcoa, TN 37701  
(865) 681-2575 voice  
(800) 968-7907  
(865) 681-2574 fax

In order to reduce potential fraud with credit card purchases, Multi-Media Solutions, Inc. requires the following information to be completed as detailed as possible to protect both your and MMS's security and interest.

I, \_\_\_\_\_, as holder of below said credit card agree that an amount of \$ \_\_\_\_\_ is to be charged to my company / personal credit card:

VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>	Card Number : _____ Expiration Date : _____ CVV (3 digit security code) : _____
---	---

The items to be purchased are:

1)	_____	at a price of \$ _____
2)	_____	at a price of \$ _____
3)	_____	at a price of \$ _____
4)	_____	at a price of \$ _____
5)	_____	at a price of \$ _____
Total Charged to Credit Card :		\$ _____

BILLING ADDRESS
Cardholder's Name: _____
Company Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Cardholder's Phone: _____
eMail Address: _____
Signature: _____
Date: _____

SHIPPING ADDRESS
Name: _____
Company Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone (of consignee): _____

If total credit card sale exceeds \$5,000.00, additionally a photocopy of both sides of the credit card must accompany this form. We at Multi-Media Solutions appreciate your business and look forward to assisting you in the application of your new equipment purchase.

**Once completed, please fax this form to 865-681-2574. Thank You.**

*PLEASE NOTE: After each transaction, all information will be destroyed, and new information will be required for additional purchases.*