

RETURN ONLY VIA FAX TO 714-522-3014



Blanket Credit Card Authorization Form

START DATE:	END DATE:
MAX PER ORDER: \$	MAX PER MONTH: \$
Charge To:	
CIRCLE CARD TYPE:	VISA MASTERCARD
CC#	Exp Date:
Card Holder Name:	Back Security Code:
Card Billing Address	
City:	ST: Card ZipCode:
All orders charged to this credit card are to be sold only to the company listed below:	
Name:	Phone
Company	Cell Phone
Add:	Fax
Suite or Unit #	Email
City:	ST ZipCode:
All orders charged to this credit card are to be shipped only to the address shown below:	
Name:	Phone
Company	Cell Phone
Add:	Fax
Suite or Unit #	Email
City:	ST ZipCode:
THE FOLLOWING PEOPLE ARE AUTHORIZED TO PURCHASE SUPPLIES ON THIS CARD:	
Name:	Phone
Name:	Phone
Name:	Phone
ACCEPTED BY: _____	DATE: _____
CARD HOLDER SIGNATURE	
CMS/CALIFORNIA MEDIA SERVICES	
4345 ARTESIA AVE, BUILD A, FULLERTON, CA 92833 / PH: 714-522.2204 / FAX: 714-522.3014	