



## Credit Card Approval Form

To:  
Company:  
Phone:  
Fax:  
From:  
Date:

Thank you for contacting our facility regarding your media equipment and duplication needs. In order for us to expedite your request, please supply the following information:

Print first and last name: \_\_\_\_\_

Company name: (if corporate card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

By signing the above, I am authorizing Duplication Depot to process my AMEX, VISA or MASTERCARD in the amount of \$\_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please supply a photocopy of the front and back of your credit card along with a copy of a valid photo ID with signature. Thank you.

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