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Credit Card Authorization Form

I, _____, hereby authorize Crescent Marketing Inc., to charge my card account in the amount not to exceed: _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____/____/____ CCV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

_____/_____/_____

Cardholder's Signature Date

As the credit card holder, I also authorize Crescent Marketing Inc., to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____/____/____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Crescent Marketing Inc., ® will keep all information entered on this form strictly confidential