





## Credit Card Payment Form

### Company Information

Company Name:				
D/B/A:				
Company Billing Address:				
City:	State:	Zip Code:		
Card Holder Phone:				
Card Holder Fax:				

### Credit Card Information

Type of Card:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Personal		
	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard
				
Credit Card #:			ID Code(Amex Only):	
Expiration:			CCV#/Security Code:	
Name on Card:				
Credit Card Billing Address:				
City:	State:	Zip Code:		

### Please Be Advised:

All purchases through 1 Source Video which are paid for by Credit Card MAY be subject to a slightly higher rate which is non-refundable in the event of a return of exchange. See dealer price sheet for details.

The Undersigned agrees to pay the total amount of the corresponding invoice to 1 Source Video and agrees to the terms and conditions laid down in the cardholder agreement.

Signature of Card Holder:		Date:	
Printed Name of Card Holder:			

Note: We will keep your credit card information on file.