



Media Technologies
2805 Veterans Memorial Hwy, Suite 26
Ronkonkoma, NY 11779
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AGREEMENT FORM FOR CREDIT CARD ORDERS

CREDIT CARD BILLING INFORMATION (as it appears on credit card statement):

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

SHIP TO:

Street Address: _____

City: _____ State: _____ Zip Code: _____

ORDER INFORMATION:

Company: _____

Ordered By: _____ Contact #: _____

P.O. #: _____ Order Date: _____ Ship Via: _____

Item #: _____ Qty: _____ Amt: _____

Item #: _____ Qty: _____ Amt: _____

Item #: _____ Qty: _____ Amt: _____

Shipping Cost: _____

Card Type: _____ VISA _____ M/C _____ AMEX

Credit Card #: _____

Expiration Date (MM/YY): _____ Total Amt: _____

Cardholder's Signature: X _____

NOTE: Order will not be processed until we receive valid signature

FAX BACK TO: (631) 467-0450