

MIAMI TAPE INC.  
CREDIT CARD  
AUTHORIZATION FORM

Please fill out and e-mail to [info@miamitape.com](mailto:info@miamitape.com)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card  
City/State/Zip: \_\_\_\_\_

I authorize Miami Tape Inc. to charge my credit card number:

Credit Card No.: \_\_\_\_\_ Security Code: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

In the amount of USD\$ \_\_\_\_\_ for services provided.

I have been advised of all fees. I take full responsibility for the above mentioned charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CREDIT CARD (COPY)

DRIVERS LICENSE (COPY)