



Credit Card Authorization Form

26471 SouthPoint Road

Perrysburg, Ohio

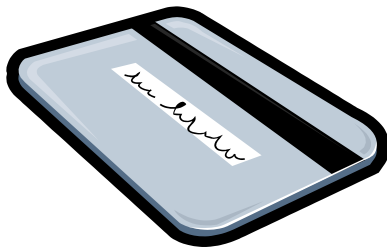
Tel: 419/874-2850

Fax: 419/874-8056

Company	_____
ATTN:	_____
Phone:	_____
Fax:	_____
Email:	_____

From:	_____
Company:	ProVideo Systems, Inc.
Phone:	419/874-2850, Ext. 302
Fax:	419/874-8056

The customer listed below has given their credit card authorization. Your credit card number and all related information will be held strictly confidential.



Name of Cardholder	_____
Card #	_____
Billing Address	_____
Zip Code	_____
Sec #	_____
Expiration Date	_____

I, the cardholder authorize ProVideo Systems, Inc. the use of my credit card for the sole purpose of purchase/repair work.

American Express

Visa

MasterCard

Discover

Urgent

Order Pending

\$ \_\_\_\_\_ Amount

Cardholder Signature: \_\_\_\_\_

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