

Rhythm Net Productions

Credit Card Payment Authorization Form



Card Used: Visa MasterCard Discover American Express

Please provide information as printed on your Credit Card

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date (MM/YYYY): _____
Name: _____ Company: _____

Billing Address (matched to address on Card):

Street: _____
City: _____ State: _____ Zip Code: _____
Country: _____

Official Authorization

I, _____ (your name),
authorize Rhythm Net to charge the amount of US\$ _____
to my credit card as payment for the following project(s).

1. _____
2. _____
3. _____
4. _____

Signature: _____

Date: _____