



CREDIT CARD AUTHORIZATION

DATE: _____

COMPANY NAME: _____

AUTHORIZED PURCHASERS: _____

CREDIT CARD INFORMATION

CARD TYPE: VISA____ MASTER CARD____ OTHER _____

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CARD: _____

BILLING ADDRESS OF CARD HOLDER:

BUSINESS PHONE: _____ FAX: _____

I HEREBY AUTHORIZE THE USE OF THE ABOVE CARD ON ALL FUTURE
PURCHASES FROM PLAYIT DIRECT.

SIGNATURE: _____ DATE: _____

PLEASE COMPLETE AND FAX TO 905.837.0624 A.S.A.P. THANK YOU