

International Media Corporation

Order No. _____

**I herby Authorize International Media
to Charge _____ on my credit card**

The Authorized card is _____

Account No. _____

Exp date _____

Card Holders

Name _____

Credit Card billing

Address _____

Phone Number _____

Card Holders

Signature _____

Date _____

Company Name _____

Address _____

Phone

Number _____

Please Fax Back To (410) 828-1445

or e-mail back as a pdf to:

imcoptical@comcast.net