



the **alpha** companies
motion picture rentals

CREDIT CARD AUTHORIZATION

Mastercard/Visa Accepted Only
(Please print or type)

I, _____ certify and attest that I am the cardholder of the Mastercard/Visa charge card listed below and that I am an authorized user of same.

Purchaser's Name exactly as it appears on the credit card:

Purchaser's Company Name as it appears on the credit card (if applicable):

Complete Address (must be the same address credit card statement is mailed to)

_____ **Home Phone#:** _____

Circle one: MC Visa Visa CkCard

Credit Card Number:

Expiration Date:

Issuing Bank Name & Phone Number:

I further certify and attest that as an approved user of this charge card/credit card, I authorize Alpha Medical Res, Inc. and it's subsidiaries to debit the credit card listed above for the total amount indicated below **and any other amounts incurred by this order:**

Purchase: _____ **Rental:** _____ **Deposit:** _____

I understand that this transaction is subject to an authorization by the issuing bank and the issuance of an approval code. I further understand that by signing this form I agree to pay all amounts due to The Alpha Companies and it's subsidiaries (Alpha Medical Resources, Inc., Alpha II Furniture Resources, Inc., Spellman Desk Co., Inc.) in the event that this transaction is subsequently charged back to The Alpha Companies.

Date:

Signature of Card Holder/Authorize User:

Trans.Date:

Type:

Amt:

Approval Code:

Notes:
