



Credit Card Authorization

Company Name _____

Address _____
(Street)

(City, State)

(Zip Code)

Phone _____

Fax _____

Card Type ___ Visa
 ___ Master Card
 ___ American Express
 ___ Discover

Card # _____ Exp. Date _____

Name on Card _____

Billing Address _____
(Street)

(City, State)

(Zip Code)

I, _____ hereby authorize GENTEK Media Inc. to charge my credit card
specified above in the amount of \$ _____.

Name _____ Title _____

Signature _____ Date _____