Since 1976
Magazine Exchange Inc.
Sports & Game Card Distribution
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With The Magazine Exchange, "Great Service Is In The Cards".
To Order Phone 800-234-2004 From 9:00 To 5:00 PDT Monday - Friday.

Credit Card Authorization

COMPANY NAME_____ACCOUNT #_____

ADDRESS_____PHONE_____

CITY_____STATE____ZIP_____FAX_____

CREDIT CARD INFORMATION ___ VISA ___ MASTERCARD ___ DISCOVER

CREDIT CARD #_____-_____-_____-_____ EXPIRATION _____/_____

ISSUING BANK _____BANK PHONE_____

CARDHOLDER NAME_____

ADDRESS_____PHONE_____

CITY_____STATE____ZIP_____FAX_____

If the cardholder address above is not the address your credit card bill comes to, please give us the bill address below or our credit card processing company will notify us of Address Verification Failure and we will have to get the correct address from you before your shipment can be processed and shipped.

ADDRESS_____PHONE_____

CITY_____STATE____ZIP_____FAX_____

I hereby verify that the information provided herein is true and correct. By signing, I authorize The Magazine Exchange, Inc. to charge my credit card for any and all orders on the above listed account. Further, I understand that I will need to contact The Magazine Exchange, Inc., in writing, if I would like for my credit card to be deleted from the above listed account.

_____ _____ _____
(Print Name) (Signature) (Date)

OFFICE USE ONLY:
DATE SENT_____ASSOCIATE_____

DATE RECEIVED_____DATE AUTHORIZED_____