



credit card payment form

MUSIC THEATRE INTERNATIONAL

PLEASE FILL OUT THIS FORM COMPLETELY. No fields may be left blank. Blank fields or any discrepancy between amount authorized for billing and the items ordered will result in a delay of the shipment. Note: *Your applicable refund will be paid to your organization by check.*

ORGANIZATION INFORMATION

Organization Name: _____ MTI Account Number: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Your Name: _____ Title: _____

Other Authorized Names: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-Mail: _____

SHIPPING INFORMATION

Shipping Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____ Country: _____

DESCRIPTION OF GOODS

SPECIAL REQUESTS

CREDIT CARD AUTHORIZATION

For the perusal services I have indicated above, I hereby authorize MTI to charge my credit card \$ _____

Visa MasterCard American Express Discover Name on Card: _____

Card Number: _____ Exp. Date: _____ / _____

City: _____ State: _____ Zip Code: _____ Country: _____

By signing below you certify that you are the authorized agent for this production, have the authority to make this request, and that the information you have provided on this application is accurate.

 Print Your Name

 Signature

 Date