

CREDIT CARD FORM & AGREEMENT

**I, hereby agree that the following information is true and correct
to my knowledge and belief:**

Credit Card Holder's

Name: _____
(As it appears on the Credit Card)

Company Name: _____

Credit Card Number: _____

Expiration Date: _____

Type of Credit Card:

Visa Master Card American Express Discover

Last 3 digits of Authorization Code on Back of the Card: _____

Billing

Address: _____
(As it appears on the Credit Card)

Phone: _____;

Fax: _____

Agreement:

1. After Credit Card Order has been processed, the transaction can be voided only within the same day before the daily batch is closed. _____ (Initials).
2. For refund of the credit card payment, for example, to cancel the order, or to change the payment method after daily batch is closed, buyer agrees to pay a US \$25.00 refund processing fee plus 3 % of the purchasing amount charged by the card center. _____ (Initials)

Authorized Signature: _____

Date: _____

(As per Central Media, Inc.'s company policy the information provided above will be kept strictly confidential and will not be shared with any third party)