



SONIC GAMES INC.
 A Video Game Distribution Company

2914 Leonis Blvd, Vernon CA 90058
 Tel. No. (213) 744-7999 Fax No. (323) 923-0355

Date: _____

Credit Card Payment Authorization Form

I authorize Sonic Games, Inc. to charge my credit card account for the purchase of merchandise for resale. This is a blanket authorization for all orders that I place with Sonic Games, Inc., and which are shipped by Sonic Games, Inc. for (Company name/number) _____

located at (address) _____

I understand that Sonic Games, Inc. does not have an imprint of my credit card and approve the use of this authorization as a substitute.

My Credit Card account information is as follows:

The Billing address of the credit card below must be the same as to the Shipping address indicated on the New Account Application form. Should you have any alternative address, this must be added on your credit card as an alternate address.

Credit Card No.: _____ Expiration Date: _____

Card Type : Visa Mastercard American Express

CVV Code (the 3-digits number at the back of the card -Required) : _____

Name on Account: _____

Billing Street Address: _____

City: _____ State: _____

Zip Code: _____

Bank Name: _____

Bank Telephone No.: _____

Approved By (Printed): _____

Signature: _____

<<< Place Credit Card Here >>>

<<< Place Driver's License Here >>>