

CREDIT CARD AUTHORIZATION FORM v2.0

BLU SKYE MEDIA | SILICON VALLEY, PENINSULA, SAN FRANCISCO
PO BOX 41038 SAN JOSE, CA 95120

INSTRUCTIONS: Please print this form and fax back. Or, you may scan it and email it to our secure email below. If you have any questions please call (888) 425-8759.

SECURE E-FAX: (877) 425-8750 | info@bluskyemedia.com

I hereby authorize Blu Skye Media to bill my



VISA/MASTERCARD CIRCLE ONE (Sorry, we do not accept American Express)

ACCOUNT NUMBER _____

EXP Date _____

for services rendered. I understand that Blu Skye Media will retain this credit card information and bill my account at the completion of each job I order.

NAME (as it appears on card) _____

BILLING ADDRESS _____

BILLING CITY, STATE _____

BILLING ZIP _____

AUTHORIZE SIGNATURE _____

**Please fill out clearly
and complete. FAX to:
(877) 425-8750**