

# Print out this Form and fax or email to PMI Audio Group

E-mail: purchases@pmiaudio.com Fax: 310-323-9051

## PERSONAL CREDIT CARD AUTHORIZATION

I, (type name) \_\_\_\_\_, authorize PMI AUDIO GROUP (hereinafter referred to as company) to charge my credit card

# (enter number) \_\_\_\_\_ expiration date (enter date) \_\_\_\_\_  
Select Card by typing either Visa, Master Card, or American Express (type one here):

for purchases I make from company.

This form will represent my authorization and signature as on file with company.

I am purchasing the following equipment:

**THIS IS A FINAL SALE FULL WARRANTY APPLIES NO REFUNDS OR EXCHANGES  
TAX APPLIES ON ALL SALES INSIDE CALIFORNIA**

*By entering information, you approve this charge*

Credit Card Holder (Shipping Address)

Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #:

If billing address is different from shipping address:

Enter the address where you receive your credit card statements.

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PMI AUDIO GROUP

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