

**Credit Card Authorization Form  
Multichoice Group, Inc  
3855 Holcomb Bridge RD  
Suite 300  
Norcross, GA 30092  
Phone: 770-447-0208 (ext. 100)  
Fax: 770-447-0790  
contact@multichoicegroup.com**

I, \_\_\_\_\_, hereby authorize Multichoice Group, Inc to  
charge my credit card account in the amount not to exceed: \$ \_\_\_\_\_  
(on your bank statement the charge will appear from Russian Town, Inc)

For: \_\_\_\_\_

VISA  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Requested Shipping Address:**

Street: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

\_\_\_\_\_  
Cardholder's Signature / Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Multichoice Group, Inc. will keep all information entered on this form strictly confidential.