

Credit Card Authorization Form

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)

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.
I also agree, that the item I bought is not refundable and not exchangeable.

Cardholder's Signature / Date

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