



Credit Card Authorization Form

All information will remain confidential

Production Company: _____

Project/Job: _____

Name on Card: _____

Billing Address: _____

(Please include zip code)

Credit Card Type: ____ Visa ____ Mastercard ____ Discover ____ Amex

Credit Card Number: _____

Expiration Date: _____ CVC code: _____

Invoice Number: _____

A 3.5% CREDIT CARD PROCESSING FEE WILL BE APPLIED TO THE INVOICE TOTAL

Amount to Charge: \$ _____ (USD) Please check here if tax exempt

I authorize ART FOR FILM, LLC to charge the amount listed above plus an additional 3.5% credit card processing fee to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Please check here if you would like us to save your credit card for future use.

Thank you for your business!