



CREDIT CARD AUTHORIZATION

DATE: _____

I hereby authorize Pro8mm to charge my credit card for the following amount incurred for services rendered.

COMPANY NAME ADDRESS:

PRINT NAME (Name on credit card):

BILLING ADDRESS (Address of credit card holder):

PHONE (Phone number of card holder):

TYPE OF CARD (Please circle one):

MASTERCARD

VISA

AMEX

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____/____/____ V-CODE# _____

AMOUNT INCURRED: _____

PLEASE INITIAL ONE OF THE FOLLOWING TWO CHOICES:

(1) If you would like us to keep your card on file for future orders, please initial here:

OR

(2) The above charge is rendered as payment of Invoice/Quote # _____ only and will not be used in conjunction with further orders unless I submit additional authorization. Please initial here: _____

Customer Signature: _____

(PLEASE FAX THIS FORM TO (818) 848-5956. A COPY OF THE CREDIT CARD AND DRIVER'S LICENSE OF CARD HOLDER ARE REQUESTED.)

2805 W. Magnolia Blvd * Burbank, CA 91505 * Ph: (818) 848-5522 * Fax: (818) 848-5956 * www.pro8mm.com