

Shadow Pictures

Credit Card Authorization Form

**PLEASE PROVIDE PHOTO COPY (FRONT AND BACK)
OF YOUR DRIVER'S LICENSE AND CREDIT CARD(S)
ONTO AN ATTACHED SHEET**

We accept the following credit cards: Visa, MasterCard, Discover and American Express.

Cardholder Name:	_____
Credit Card Bank Name:	_____
Credit Card Number:	_____
Expiration Date:	_____
CC Bank Phone Number:	_____
(Amex Only) Security ID Code:	_____
(3-digit number on back of card):	_____
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express

Please type the address where you receive the monthly bill for the above card:

Street Address:	_____
City:	_____
State/Zip Code:	_____
Home Phone:	_____
Office Phone:	_____

I hereby authorize _____ to pick up my equipment, and I, _____ take full responsibility for payment and any loss or damage that might occur.

I hereby authorize Shadowcast Pictures, LLC to charge the credit card above for payment in the amount of \$_____. I declare that the information that I have provided is correct.

X _____
Signature Date