



# Credit Card Authorization

Q U I X O T E

\*please fax or email to appropriate location below

<b>Quixote Store Hollywood</b> <b>Fax 323) 960-3366</b> <b>StudioStore@Quixote.com</b> 1000 N. Cahuenga Blvd. Hollywood, CA 90038 323) 960-9191		<b>Quixote Store NOLA</b> <b>Fax 504) 304-8344</b> <b>NOLASTore@Quixote.com</b> 929 Euterpe St. New Orleans, LA 70130 504) 266-2297	
attn			
fax no.			
date			
credit card billing name		billing contact email	
billing address			
city	state	zip code	
telephone number			
credit card type	visa <input type="checkbox"/>	mc <input type="checkbox"/>	amex <input type="checkbox"/>
credit card number			
expiration date			
visa or mastercards 3 digit CID no. _____ (the CID no. is the 3-digit value printed on the signature panel on the back of the card, immediately following the credit card account number.)			
american express cards 3 digit CID no. _____ (he CID no. is the 4-digit, non-embossed number printed above your account number on the face of the card.)			
I authorize quixote to charge my credit card identified above for any payment for which i may become liable hereunder including he full amount of any service which remains unpaid 60 days after the date of invoice. i understand that a 3% service charge will be added to all amounts that are paid later than 30 days from the invoice date.			
authorized cardholder's signature			
print cardholder's name			
note: must have a photocopy of the credit card (front and back) and the driver's license sent back with this form.			