

CREDIT CARD AUTHORIZATION

FAX TO 310 815 8632

ATTN

FAX NO.

DATE

CREDIT CARD BILLING NAME

BILLING ADDRESS

CITY

STATE

ZIP CODES

TELEPHONE NUMBER

CREDIT CARD TYPE

VISA

MC

AMEX

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

4 DIGIT CID No. _____ The CID No. is the 4-digit, non-embossed number printed above your account number on the face of the card.

I authorize SMASHBOX STUDIOS to charge my credit card identified above for any payment for which I may become liable hereunder including the 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.

SMASHBOX[®]
STUDIOS

FOR BOOKINGS 323 851 5030

SMASHBOXSTUDIOS.COM