

Credit Card Authorization

Company Name: _____

Name on Card: _____

Billing Address: _____

Phone: _____ Email: _____

Type: ☐  ☐  ☐  ☐  ☐ 

Card Number: _____ Expiration Date: _____

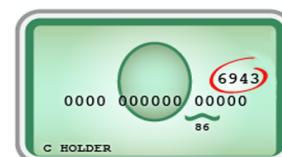
Security Code: _____

Where to find

Visa / MasterCard
3 Digits on Back



American Express
4 Digits on Front



I, _____, authorize Modern Studio Equipment to charge my credit card for the option selected with a check mark below.

☐ Single transaction for sales order/invoice # _____, and do not provide authorization for any additional unrelated charges.

☐ This transaction and any future additional charges that I approve to in writing prior my card being charged. A receipt and/or a copy of each paid invoice will be provided for each additional charge.

I am the authorized user of this credit card and all of the information and selections that I have provided above are accurate.

Cardholder's Name: _____ Title: _____

Cardholder's Signature: _____ Date: _____