



# Credit Card Authorization

2805 West Magnolia Blvd. Burbank, CA 91505 Ph: 818-848-5522 Fax: 818-848-5956

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

Company Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address (address of credit card holder): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (of card holder): \_\_\_\_\_

Email: \_\_\_\_\_

Type of Card (please select one:)

MasterCard       Visa       AMEX       Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ V-Code: \_\_\_\_\_

Amount Incurred: \_\_\_\_\_

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. I understand that my credit card will not be kept on file for future purchases from Pro8mm.

Please initial here: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Signature of Client (if different: ) \_\_\_\_\_

**Please fax this form to Pro8mm at 818-848-5956. A copy of the credit card and driver's license of cardholder is required.**