



CREDIT CARD AUTHORIZATION

COMPANY NAME: _____

PROJECT NAME: _____

NAME ON CARD: _____

INVOICE NUMBER: _____

AMEX / MC / VISA: _____

ISSUING BANK: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ADDRESS: _____

WORK PHONE: _____

CELL PHONE: _____

I certify that all information stated above is true and correct and I hereby authorize Gil & Roy Props to charge my credit card account upon my request:

CARDHOLDER SIGNATURE: _____

CARDHOLDER TITLE: _____

SIGNATURE DATE: _____

Please email this authorization to accounting@GilAndRoyProps.TV

Please include a scan of the front and back of the credit card, along with the cardholder's state issued ID.

2805 Gilroy Street Los Angeles CA 90039

accounting@GilAndRoyProps.TV

323-664-2322