



CREDIT CARD AUTHORIZATION/SECURITY DEPOSIT FORM

I, _____, CERTIFY THAT
(PRINT NAME OF CARDHOLDER)
CITICAM FILM & VIDEO SERVICES HAS THE AUTHORIZATION TO USE MY CREDIT CARD
(CHECK ONE)

- AMERICAN EXPRESS
- MASTERCARD
- VISA

AS A ...

- SECURITY DEPOSIT** – I AUTHORIZE YOU TO SECURE THE TOTAL AMOUNT STATED & PLACE A HOLD ON FUNDS UNTIL FINAL PAYMENT MADE UNDERSTANDING THAT IF THE INVOICE IS NOT PAID WITHIN 30 DAYS OF ISSUANCE CLOSING THAT ALL CHARGES INCURRED WILL BE PLACED ON THIS CREDIT CARD UNLESS OTHERWISE AGREED TO IN WRITING BY CITICAM FILM & VIDEO SERVICE, INC.
- CREDIT CARD PAYMENT**- I AUTHORIZE YOU TO CHARGE MY CREDIT CARD IN THE AMOUNT STATED.

DOLLAR AMOUNT: \$ _____

CARD #: _____ EXP. DATE: _____

NAME OF CARDHOLDER: _____

CARDHOLDER BILLING ADDRESS: _____

CARDHOLDER PHONE #: _____

CARDHOLDER SIGNATURE: _____

(FOR OFFICE USE ONLY)	
COMPANY NAME:	P.O. #:
JOB NAME/#:	JOB DATE:
APPROVAL CODE #	APPROVAL DATE: