

SOURCE

film studio + lighting + grip

CREDIT CARD/PHONE ORDER AUTHORIZATION PAYMENT FORM

NAME (Exactly as it appears on credit card): _____

BILLING ADDRESS (Exactly as it appears on your montly statement):

STREET: _____

CITY: _____ STATE: _____ ZIP:

PHONE: _____ CELL: _____

CARD ACCOUNT NUMBER (Visa and MasterCard ONLY) :



CARD VERIFICATION VALUE (Last 3 digits on signature panel on back of credit card):

EXPIRATION DATE: 2 digit month 2 digit year

AMOUNT: \$ _____

SOURCE LIGHTING & GRIP RENTALS INC.

SOURCE INVOICE /REFERENCE NUMBER TO BE PAID: _____

It is also agreed that if this credit card is being used as a security deposit, I give full authorization to Source Lighting & Grip Rentals Inc. to charge my card for any and all ancilliary costs associated with the closing of my job (i.e. fuel, expendables, loss and damage).

PRINT NAME: _____

SIGNATURE: _____ DATE: _____