

Credit Card Authorisation Form

Please complete all fields. You may cancel this authorisation at any time by contacting us. This authorisation will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA AMEX Other

Cardholder Name (as shown on card):

Card Number: _____

Expiry (mm/yy): _____

Cardholder Zip code (from credit card billing address):

I, _____, authorise Infinity Studios CLT to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Client Signature

Date