



## CREDIT CARD AUTHORIZATION FORM

**SMILE EQUIPMENT LLC**  
30106 LETICIA CT  
AGOURA HILLS CA 91301  
310.710.3055

**NOTE: A 3% CONVENIENCE FEE WILL APPLY WHEN PAYING BY CREDIT CARD**

### PRODUCTION COMPANY INFO

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COMPANY NAME \_\_\_\_\_ INVOICE NO \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### CREDIT CARD INFO

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CREDIT CARD TYPE      VISA      AMERICAN EXPRESS      MASTERCARD

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**BY SIGNING BELOW, I HEREBY AUTHORIZE USE OF THE REFERENCE CREDIT CARD FOR PAYMENT OF SERVICES RENDERED BY SMILE EQUIPMENT LLC. I ALSO UNDERSTAND A 3% CONVENIENCE FEE WILL APPLY.**

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THIS AUTHORIZATION ALONG WITH A COPY OF THE FRONT AND BACK OF THE CARD AND CARDHOLDER'S DRIVER'S LICENSE**