



Credit Card Authorization Form

Email to: admin@recycledmoviesets.com

Production Company Name: _____

Production: _____

Job Name /Number (optional): _____

Production Designer / Art Director: _____

Submitted by: _____

Email address: _____

Phone Number: _____

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover
	<input type="checkbox"/> Other		<input type="checkbox"/> AMEX
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			
Cardholder ZIP Code		CVV:	

I, _____, authorize _____ 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.

 Authorised Signature:

 Date

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