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CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize **Central Atlanta Props & Sets, LLC** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account on or after the indicated date.

Please complete the information below:

Production Company: _____ Project Name: _____

I _____ authorize **Central Atlanta Props & Sets, LLC** to charge my credit card on or
(FULL NAME)

after _____ as payment for _____ in the amount of _____
(DATE) (DESCRIPTION OF GOODS) (INVOICE AMT, IF KNOWN)

PLEASE CHECK THIS BOX IF YOU NEED TO GIVE WRITTEN OR VERBAL APPROVAL FOR US TO CHARGE THE CARD AFTER RECEIVING A FINAL INVOICE. PREFERRED CONTACT METHOD: EMAIL PHONE

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Please Check One:

ONE TIME AUTHORIZATION: I hereby authorize Central Atlanta Props and Sets, LLC to charge the indicated credit card for any accrued amounts in relation to this invoice.

KEEP CARD ON FILE FOR THIS PROJECT ONLY: I hereby authorize Central Atlanta Props and Sets, LLC to charge the indicated card for any invoices in relation to this project.

KEEP CARD ON FILE: I hereby authorize Central Atlanta Props and Sets, LLC to charge indicated card for any future invoices on the account regardless of project.

CARD TYPE: VISA MasterCard AMEX Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV _____

I authorize Central Atlanta Props and Sets, LLC ("business") to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. If I have checked the box above to give written or verbal approval prior to the business charging the card and fail to do so in a timely manner, the business is not obligated to remove any late fees that have accrued on the invoice.

SIGNATURE _____

DATE _____

PLEASE FILL IN ALL REQUESTED INFORMATION ABOVE AND ATTACH A COPY OF YOUR CREDIT CARD AND DRIVER'S LICENSE