

CREDIT CARD/PHONE ORDER AUTHORIZATION FORM

PROJECT/PRODUCER/PHOTOGRAPHER _____

CARD HOLDER NAME _____

(Exactly as it appears on your monthly statement)

CARD NUMBER _____ EXPIRATION DATE _____

SECURITY CODE _____ *(Visa, Master Card 3 numbers on back of card, American Express 4 numbers on front)*

CARD HOLDER BILLING ADDRESS:

(Exactly as it appears on your monthly statement)

Work # _____

Mobile # _____

E-MAIL _____

FAX# _____

Driver's License

Credit Card

The signature on this form authorizes L.A. Photo Group, Inc., d/b/a SYNC to Pre-Authorize the card listed above in the amount of your job estimate and to charge the card listed above for all balances of any unpaid invoices. Per our Rental Policy, the card listed above will be automatically charged any unpaid balance for each job on the third or thirty-first day after the invoice, depending on the account status (Non-Account Holder vs. Account Holder).

AUTHORIZED REPRESENTATIVE OF LESSEE:

DATE: _____

PLEASE PRINT YOUR NAME

SIGNATURE

