

**ENCHANTED STUDIO PROPS, L.L.C.
CREDIT CARD AUTHORIZATION FORM**

Email completed form to: daphne@espart4film.com

Production Company Information:

Company Name: _____

Attention: _____

Address: _____

Accounting Email: _____ Accounting Phone: _____

As the credit card holder I hereby authorize Enchanted Studio Props, L. L. C. to bill my credit card for rental charges, late charges, handling and/or loss and damage charges for the art works rented on the rental agreement. Enchanted Studio Props will mail or email a copy of all invoices to the listed Production Company's Accounting Department. At the time of pick-up, rental fees will be charged to my credit card with a 3.5% processing fee.

Form of Payment: (please circle one) AMEX VISA MASTERCARD

Cardholders name: _____

Card Number: _____

Expiration _____

CVC/CID/CVV _____ (Credit card validation number)

Billing address for card: (if different from production office above)

Authorized Signature: _____

Print Name: _____

Date: _____