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**CREDIT CARD AUTHORIZATION**

**PROJECT NAME:**

**PROJECT TYPE:** [ ]  FEATURE [ ]  SERIES [ ]  NEW MEDIA [ ]  COMMERCIAL [ ]  SHORT [ ]  MUSIC VIDEO

**PRODUCTION CO:**

**PRODUCTION PHONE:** **PRODUCTION EMAIL:**

**ACCOUNTING CONTACT:**

**NAME ON CARD:**

**BILLING ADDRESS:**

**CITY:** **STATE:** **BILLING ZIP:**

**PHONE NUMBER:** **EMAIL:**

**LIST ALL OTHER EMAILS TO RECEIVE FINAL PAID INVOICE:**

**CARD TYPE: \*\*PLEASE CONTACT US IF CARD IS NOT U.S. OR CANADA\*\***

[ ]  VISA [ ]  MC [ ]  AMEX [ ]  DISCOVER [ ]  OTHER:

**CARD #:**

**EXPIRATION DATE:** **SECURITY CODE:**

**AMOUNT TO BE CHARGED: $**

**– ALL CREDIT CARD PAYMENTS WILL BE SUBJECT TO A 4% PROCESSING CHARGE –**

**BY SIGNING THIS FORM, YOU AUTHORIZE IMAGE OPTICS TO CHARGE YOUR CARD FOR THE AMOUNT ABOVE.**

**SIGNED:**

**DATE:**