



IMAGE OPTICS

EST. 1994

## CREDIT CARD AUTHORIZATION

PROJECT NAME: \_\_\_\_\_

PROJECT TYPE:  FEATURE  TV  COMMERCIAL  SHORT  MUSIC VIDEO

PRODUCTION CO: \_\_\_\_\_

PRODUCTION PHONE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

BILLING ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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: \$** \_\_\_\_\_

**- 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: \_\_\_\_\_

FOR INTERNAL USE ONLY

PO: \_\_\_\_\_

INVOICE#: \_\_\_\_\_

CHARGE AUTH#: \_\_\_\_\_

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