

DVFILM ,5419 HOLLYWOOD BLVD C275, LOS ANGELES CA 90027

## AUTHORIZATION TO CHARGE CREDIT CARD

I hereby authorize a charge of \$ \_\_\_\_\_ for the purchase of equipment and/or services from DVFILM to the credit card listed below.

SERVICE / PURCHASE: \_\_\_\_\_

TRAINING DATE(S) IF APPLICABLE \_\_\_\_\_

I am also aware that a service charge of 2.5% of the amount charged will be added to my total and Los Angeles County sales tax of 8.75% for any in State Sale. In the event any Non-Stock item is cancelled for any reason, I am aware my account will be charged a 20% restock or cancellation fee for any and all returns. This includes cancelled training without 48 hours notice in writing.

I, \_\_\_\_\_, certify that I am the cardholder of the MasterCard/Visa/Discover/American Express credit/charge or ATM card listed below and that I am the authorized user.

BILLING ADDRESS (MUST BE SAME AS CREDIT CARD BILLING STATEMENT)

\_\_\_\_\_

SHIP ADDRESS \_\_\_\_\_

I further certify and attest that as an approved user of this charge/credit card and I authorize DVFILM to debit the credit card account listed above for the total amount of noted above. I understand that this transaction is subject to authorization by the issuing bank and the issuance of an authorization approval code by same. I further understand that by signing this form I agree to pay any amount due DVFILM in the event that this transaction is subsequently charged back to DVFILM .

X \_\_\_\_\_  
Sign your signature here.

X \_\_\_\_\_  
Legibly print your signature in full here.

DATE

SIGNATURE of CARD HOLDER

NAME AS EXACTLY APPEARS ON CARD	
Credit Card Type	
Credit Card Number	
Expiration Date	
SECURITY CODE	
ISSUING BANK NAME, ADDRESS & PHONE NUMBER	

**Please complete this form and attach an enlarged copy of the front and back of the credit card listed above and photo ID on a separate sheet. Please fax all documents to 323/657-5345**