

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Type: ___ Visa ___ Master Card ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____ CIN # (3 digits on back): _____

Amount to Charge: \$ _____ (USD)

PLEASE ATTACH PHOTOCOPIES (FRONT AND BACK) OF YOUR DRIVER'S LICENSE AND CREDIT CARD TO THIS FORM.

I authorize STUDIO B FILMS, INC. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date below:

Name: _____

Signature: _____

Date: _____

Please return to:
Studio B Films
2121 Bonar Street Suite B
Berkeley CA 94702

Or email to: dan@studiobfilms.com