

Credit Card Authorization Letter

I, _____ authorize the use of my credit card described
(PRINT NAME AS IT APPEARS ON CARD)

below for charges related to services provided by CineFilm/CineTransfer.

Job Name _____ Job Number _____ P.O.# _____

Credit Card Type: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____

Name of Card Holder: _____

Signature: _____

Date: _____

****NOTE: MUST INCLUDE A COPY OF FRONT AND BACK OF THE CREDIT CARD. THE BACK OF THE CARD MUST BE SIGNED.**

(Initial) I understand that the amount charged to my credit card will be reflected on my credit card statement within seven days of authorization. The amount charged is based on services requested by me and prices stated in the CineFilm/CineTransfer rate card.

(Initial) I understand that the amount charged to my credit card will be reflected on my credit card statement within seven days of authorization. The amount charged is based on services requested by me and prices quoted by CineFilm/CineTransfer.

Signature: _____

Date: _____

CineFilm Laboratory, Inc.

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