

# STUDIO 1342

## Credit Card Authorization Form

Customer to be billed: \_\_\_\_\_ Photographer: \_\_\_\_\_

Name: \_\_\_\_\_ Job Reference: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Code: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signature on this form authorizes Studio 1342 to charge the card listed above for all charges, any unpaid invoices and pre-authorizations. This form also authorizes Studio 1342 to charge the card to pay in full any invoice older than 40 days.

Please fax/email this signed form along with a copy of your drivers license and front and back of your credit card.

If you prefer to pay by check, just let us know when you send this back and your card will not be charged unless the invoice goes unpaid over 40 days.