



**CREDIT CARD AUTHORIZATION**

Show/Project Name: \_\_\_\_\_

Card Holder's Name

(as it appears on the card): \_\_\_\_\_

Card Type:

Visa \_\_\_ Master Card \_\_\_ AmEx \_\_\_ Discover \_\_\_ Other \_\_\_

Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV (3-digit code on back, or 4-digit code on front for Amex): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

(Actual address the credit card is billed to, not necessarily the production company address.)

Card Holder's Billing Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Card Holder's Phone Number: \_\_\_\_\_

Email Address

(paid invoices will be emailed here): \_\_\_\_\_

I authorize A-1 Medical Integration to charge the above listed credit card, for all rentals and sales items agreed upon.

Card Holder's Signature (or other authorized user): \_\_\_\_\_ Date: \_\_\_\_\_

