

## Authorization for Credit Card Use

**Print and complete this Authorization and Return**

**All information will remain confidential**

**Name on Card:** \_\_\_\_\_

**Credit card number:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **CVV Number** \_\_\_\_\_

**Visa** \_\_\_\_\_ **AMEX** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Discover** \_\_\_\_\_

**Amount to Charge:** \_\_\_\_\_

**I authorize The Special Effects Company to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.**

**Cardholder – Please sign and date.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**The Special Effects Company**

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