Reel Picture
YOUR TOTAL DUPLICATION SOLUTION

Credit Card Authorization Agreement
Reel Picture Productions
5330 Eastgate Mall
San Diego, CA 92121

Purpose: To protect Reel Picture Productions, and cardholders, from credit card fraud and potential disputes. Please complete and return to Reel Picture Productions prior to placing credit card orders.

CARDHOLDER INFORMATION:

Name: (Last) _____ (First) _____ (M.I.)_____

Address: _____

_____

Business phone: ( ) - Home phone: ( ) -

Card type: Visa MasterCard American Express

Card no.: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Bank name: _____ Exp. date: _____ / _____ / _____
(Month) (Day) (Year)

COMPANY INFORMATION:

Company name: _____

Address: _____

_____

Person(s) authorized to place orders:

1) _____

2) _____

3) _____

X

_____
(Signature of cardholder) (Date)

By signing I certify that I am the cardholder, and authorize Reel Picture Productions to use the above named credit card number for purchases by the above named company. I understand that I may revoke this authority at any time by contacting Reel Picture Productions in writing. If a credit card payment to Reel Picture Productions is refused or revoked for any reason, I acknowledge and agree that I am nontheless personally liable to Reel Picture Productions for the amount of such payment in accordance with the written agreements(s) between me and Reel Picture Procuctions.