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CREDIT CARD AUTHORIZATION FORM

JOB NAME AND NUMBER	
PRODUCTION COMPANY	
CARDHOLDER NAME	
CREDIT CARD NAME	
CREDIT CARD NUMBER	
EXPIRATION DATE	
PHONE NUMBER	

I HEREBY AUTHORIZE _____ TO PICK UP EQUIPMENT AND I,
 _____ TAKE FULL RESPONSIBILITY FOR PAYMENT AND ANY
 DAMAGES THAT MIGHT OCCUR.

 SIGNATURE

PLEASE PROVIDE THE CORRECT BILLING ADDRESS BELOW
 STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

<p>CALIFORNIA DRIVER'S LICENSE</p>

<p>CREDIT CARD</p>
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PHOTOCOPY CARDS HERE

I HEREBY AUTHORIZE INTER VIDEO TO CHARGE THE CREDIT CARD ABOVE FOR MY
 ORDERS AND SECURITY DEPOSITS, I DECLARE THAT THE INFORMATION I HAVE
 PROVIDED IS CORRECT.

 SIGNATURE

 DATE