

GRANDE

CAMÉRA LIGHTING STUDIOS POST-PRODUCTION

CREDIT CARD AUTHORIZATION

Customer and Payment information	
Customer Name : _____ Email : _____	Contact : _____ Tel. : _____
DEPOSIT : _____ Contrat # : _____ Amount : _____	Invoice Payment : _____ Invoice # : _____ Amount : _____

Credit Card Information		
Cardholder Name : _____		
Billing address of the card : _____		
City : _____	Province : _____	Postal code : _____

Type of card :	
Visa Master Card Amex	
Card number : _____	
Exp. (mm//yy) : _____ *SW : _____ *3 digits on the back or front of card	

Signature	
By signing this agreement, I declare that the information provided above is true and accurate. I authorize the company to charge this amount to my credit card.	
X _____ Cardholder Signature	Date : _____