



# Credit Card Authorization

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

Invoice / Quote #: \_\_\_\_\_



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

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

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

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

Security Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

- 1. I authorize Cinema-Vision, Inc. to charge the above captioned credit card any rental fees, security fees, missing and damaged fees, or any other fees or charges related to any purchase, rental, repair or any other service provided to the above named customer.
- 2. That I have received all products or services associated with all of these transactions.
- 3. That I agree to pay for these charges pursuant to my agreement with the card issuer (see terms and conditions)
- 4. To Complete this transaction you must include a legible copy of the credit card and photo ID

**All Refunds take 10-15 days to be processed.**

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