Credit Card Authorization Form

Please fax completed form along with
front and back copy of the credit card to 818-623-7547.

R2 Billing Name: _____ *Phone: _____

R2 Order #: _____

P.O. # / Rental Item: _____

Credit Card Type: ☐ Visa (add 2%) ☐ Master Card (add 2%) ☐ Amex (add 3%)

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CID Number: ☐☐☐☐

Expiration Date: _____

Name on Card: _____

Billing Address: _____

_____

Amount Charged: _____

Authorized Signature: _____ Date: _____

Sales Associate: _____

electric picture
solutions

3753 Cahuenga Blvd. West, Studio City, CA 91604 818-766-5000 / 818-623-7547 Fax info@picturesolutions.com