



Authorization for Credit Card Billing

Trade Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Voice #: _____ Fax#: _____

Contact Person: _____ Voice #: _____ Fax#: _____

All Short-term insurance sales are non-cancelable. All card transactions are subject to a 3.5% credit card surcharge.

Credit Card Type: Master Card Visa American Express

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Issuing Bank: _____ Card Holder Name: _____

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance to the Film Emporium Terms and Conditions of Sale. By signing below, Applicant attests to assenting to the Terms and Conditions in their entirety.

Applicant / Card Holder's Signature: _____ Date: _____

PLEASE FAX BACK TO (914) 833-2430
OR EMAIL TO SALES ASSOCIATE
or info@filmemporium.com