



7344 S. Alton Way; Ste 8-D  
 Centennial, CO 80112  
[www.cinemashot.com](http://www.cinemashot.com)  
 303-997-4420 F) 303-997-5642

**CREDIT CARD AUTHORIZATION AGREEMENT**

THIS AGREEMENT IS REQUIRED TO PROTECT THE CARD HOLDER AND OURSELVES FROM CREDIT CARD FRAUD,

Please follow these directions.

1. The back of your credit card must be signed for us to process your order.
2. Include a copy of the front & back of the credit card, **as well as the Photo ID of the card holder.**
3. Please complete the entire form below and fax it to: 303-997-5642

**PLEASE PRINT ALL INFORMATION**

<b>Credit Card #</b>	<b>Card Type ( select one )</b>
<input type="text"/>	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMX

<b>Exp Date ( MM/YY )</b>	<b>CVV Code</b>
<input type="text"/>	<input type="text"/>

**Name as it appears on card**

**Credit Card Billing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Telephone</b>	<b>E-Mail</b>
<input type="text"/>	<input type="text"/>

<b>Card Holders Signature</b>	<b>Date (MM/DD/YYYY)</b>
<input type="text"/>	<input type="text"/>

**PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR CREDIT CARD AND PHOTO ID**

Please photocopy the Front side of your credit card here.	Please photocopy <b>Cardholder Photo ID</b> Here. ( Driver's License, Passport, etc )
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**Credit Card Terms**

Blanket Agreement  
 Single Use Agreement  
 In selecting Blanket Agreement, I agree and authorize that my credit card will be used for future transactions until I rescind this authorization in writing.

<b>Card Holders Signature</b>	<b>Date (MM/DD/YYYY)</b>
<input type="text"/>	<input type="text"/>