



7344 S. Alton Way; Ste 8-D
 Centennial, CO 80112
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 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

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

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

Name as it appears on card

Credit Card Billing Address

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

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

Card Holders Signature	Date (MM/DD/YYYY)
<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 Cardholder Photo ID 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.

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