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CREDIT CARD AUTHORIZATION

Card Holder's Name: _____
(As appears on card. Please print.)

Billing Address: _____

Phone Number: (____) _____ - _____

Type of Card: VISA MASTERCARD

Card Number: _____

Expiration Date: _____

Security Code: _____
(3-Digit Visa/Master)

Issuing Bank: _____

Bank Phone #: _____

I authorize Slow Motion Film & Digital Inc. to charge my credit card in the amount of \$_____ for payment of (Rental Invoice/Invoice #) _____ and any additional charges resulting from this transaction (e.g. expendables, missing/damaged equipment, shipping charges, rental extensions, or equipment additions).

Cardholder's Signature

Date

Please *email* completed form with **a copy of your credit card AND picture ID** to

info.slowmotioninc@gmail.com