

CREDIT CARD AUTHORIZATION

Card Holder's Name:	
(As appears on card. Please print.)	
Billing Address:	
Phone Number: (
Type of Card: ☐ VISA ☐ MASTERCARE	
Card Number:	
Expiration Date:	Security Code: (3-Digit Visa/Master)
Issuing Bank:	
Bank Phone #:	
I authorize Slow Motion Film Digital, Inc. to charge my compared to the second	oice/Invoice #) s resulting from this transaction (e.g.
equipment additions.	marges, remai extensions, or
Cardholder's Signature	 Date

Please email completed form with a copy of your credit card AND picture ID to info.slowmotioninc@gmail.com