

CREDIT CARD AUTHORIZATION FORM

DATE		
RENTAL SALE	SECURITY DEPOSIT	
JOB/SHOW NAME		
PRODUCTION COMPANY NAME		
IN LICU OF MY CREDIT CARD IMPRINT I (Name as it appears on the credit card) A ITS AGENTS TO CHARGE MY:	,AUTHORIZE ALMOST CHRISTMAS PRO	P SHOP INC. OR
VISA/MC #		
AMEX #		
ZIP CODE		
EXPIRATION DATE		
CARD SECURITY CODE	_	
*In the signature box on the back of the o digits code. This 3 or 4 digits code is you		and the last 3
By signing below, I acknowledge charge or in extended payments in accordance v	U	made when billed
SIGNATURE	DATE	
Please fill out this form and e-mail it back Card (front and back and your photo ID) IF YOU HAVE ANY QUESTION FEEL FREE 818-285-9627 THANK YOU FOR YOUR BUSINESS HAVE	to: <u>christmasprops@gmail.com</u> . E TO CALL US AT 310-748-4521 OR	