

Credit Card Authorization Form

Customer to be billed: _____ Photographer: _____

Name: _____ Job Reference: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

_____ email: _____

City: _____ State: _____ Zip: _____

Card Holder Name: _____ Card Type: _____

Card Number: _____ Code: _____ Exp: _____

Card Holder Billing Address: _____

Signature: _____ Date: _____

The signature on this form authorizes Workhorse Productions, Inc. to charge the card listed above for all charges, any unpaid invoices and pre-authorizations. This form also authorizes Workhorse Productions, Inc. to charge the card to pay in full any invoice older than 40 days.

Please fax/email this signed form along with a copy of your drivers license and front and back of your credit card.

If you prefer to pay by check, just let us know when you send this back and your card will not be charged unless the invoice goes unpaid over 40 days.

A 3% convenience fee is charged for credit card charges.