

Robles Video Productions, LLC
Credit Card Authorization Form
Please fax form back to (714) 672-0233

Client's Name: _____

Date of Event: _____

Cardholder's Name (as it appears on the card):

Please indicate which credit cards to charge:

- Master Card
- Visa

Account Number: _____

Expiration Date: _____

Credit Card Billing Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Card V-Code (Number located behind the credit card): _____

Amount to be charged: \$ _____

I authorize Robles Video Productions to charge my credit card for the amount indicated above.

Cardholder's Signature & Date:

Office Use:

Credit Card Processed by: _____ Date: _____ Invoice: _____