Credit Card Authorization Form
A World Apart Films

Phone - 702-750-7557: FAX: 702-948-5291: Email - Awafilm@yahoo.com

Please fill in the following information:

Name_____ Date_____

Type of service_____ Date of service_____

Charge amount_____ Credit card hold amount for insurance deductable_____

_____ _____ _____
Credit card number Expiration Date 3 digit security code

_____
Print name as it appears on the credit card

_____
Credit card billing address

_____ _____ _____
City State Zip

(_____)_____ (_____)_____
Contact phone number Cell Phone

_____
Email Address

_____
Card holder Signature

_____
Date

I further certify and attest that as an approved user of this charge/credit card and I authorize A World Apart Films to debit the credit card account listed above for the total amount of noted above. I understand that this transaction is subject to authorization by the issuing bank and the issuance of an authorization approval code by same. I further understand that by signing this form I agree to pay any amount due to A World Apart Films in the event that this transaction is subsequently charged back to A World Apart Films.