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CREDIT CARD AUTHORIZATION FORM

JOB NAME AND NUMBER	
PRODUCTION COMPANY	
CARDHOLDER NAME	
CREDIT CARD NAME	
CREDIT CARD NUMBER	
CREDIT CARD CVV/CID	
EXPIRATION DATE	
PHONE NUMBER	

I HEREBY AUTHORIZE _____ TO PICK UP EQUIPMENT AND I,
_____ TAKE FULL RESPONSIBILITY FOR PAYMENT AND ANY
DAMAGES THAT MIGHT OCCUR.

SIGNATURE

PLEASE PROVIDE THE CORRECT BILLING ADDRESS BELOW
STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CALIFORNIA
DRIVER'S
LICENSE

CREDIT
CARD

PHOTOCOPY CARDS HERE

I HEREBY AUTHORIZE INTER VIDEO TO CHARGE THE CREDIT CARD ABOVE FOR MY
ORDERS AND SECURITY DEPOSITS, I DECLARE THAT THE INFORMATION I HAVE
PROVIDED IS CORRECT.

SIGNATURE

DATE