

CREDIT CARD AUTHORIZATION

I, _____, the holder of *(check one please)*:

Visa ☐

MasterCard ☐

American Express ☐

Card Number: _____ CCV# _____ Exp Date ____/____

hereby authorize camadeus Film Technologies, Inc to charge the amount of

US\$ _____ for my current transaction – Quote or Invoice # *(if known)* _____

I have read this agreement and understand that I will be held fully responsible for the above charges.

Cardholder (Name on Card): _____

Signature: _____

Company: _____

Billing Address: _____

City, State, Zip: _____, _____, _____

Telephone: _____ Date: ____/____/____

Please include the FRONT of the Credit Card and cardholder's Drivers License or other form of Photo ID below.

Credit Card

Photo ID

Please fax this complete form to camadeus at 818.764.1144 or email contact@camadeus.com