



STUDIOS

CREDIT CARD AUTHORIZATION

NAME ON CARD: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

COMPANY NAME: _____

JOB: _____

CREDIT CARD TYPE: []VISA []AMEX []MC

CREDIT CARD NO. _____

SECURITY CODE: _____ EXP. DATE: _____

I Authorize Fourteen Creative, Inc. to charge my credit card identification above for any payment for which I may become liable hereunder or totally \$_____.

I agree that Fourteen Creative, Inc. has not by this provision waived any other rights, remedies, or recourse which they may have under the laws of the State of California in collecting amounts due hereunder. A 3% convenience fee will be added to all credit card transactions.

Authorized Cardholder Signature: _____

Print Cardholder Name: _____

Date: _____

KEEP ON FILE FOR FUTURE JOBS: []YES []NO

PLEASE SEND: Photo copy of Credit Card (front & back) & Driver's License with this form