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### CREDIT CARD AUTHORIZATION

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☒ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☒ PLEASE REPLY    ☒ ORDER PENDING

**Please complete the information below and return by fax to (818) 841-7649 or by email**

Today's Date: \_\_\_\_\_

I hereby authorize Band Pro Film/Digital, Inc. to charge my:

☐ American Express

☐ Visa

☐ MasterCard

Print name as it appears on the Card: \_\_\_\_\_

Account#: \_\_\_\_\_ Security 3 digits on the back of card \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Issuing Bank: \_\_\_\_\_ Bank Toll Free#: \_\_\_\_\_

In the amount of \$ (US) \_\_\_\_\_ As payment for charges on W/O#: \_\_\_\_\_

Billing address \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

There may be additional charges for shipping and handling added to this amount when your order is shipped.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**IMPORTANT: Please fax or email a PDF of this form to us with a copy of your credit card (front & back) and a copy of your driver's license. All copies must be clearly legible.**