

**CREDIT CARD
AUTHORIZATION**

Company: _____
Card Holder: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Alternate Phone: () _____
Fax: () _____ Email: _____

Billing Type (circle one)	Visa	Master Card	American Express
Credit Card # _____	Exp Date (M/Yr) ____/____		
Security #(3 digit # on back of card) _____			

Credit Card Billing Address (if different from above):
Address: _____
City: _____ State: _____ Zip: _____

*There is a 3.5% Credit Card transaction fee (Please include in amount below)

Amount + 3.5%: \$ _____

**I hereby authorize ReelWorks Studios to charge
this credit card for the amount shown above.**

Signature: _____ Date: _____