



Credit Card Payment Authorization Form

DATE: _____

ATTENTION: ACCOUNTS RECEIVABLE DEPARTMENT
Society of Camera Operators
P.O. Box 2006
Toluca Lake, CA 91610
TEL: (818) 563-9110 FAX: (818) 563-9117

I authorize Society of Camera Operators to charge the following credit card:

COMPANY/ CUSTOMER NAME: _____

CREDIT CARD TYPE: Visa MasterCard Discover Amex

CREDIT CARD NUMBER: _____

CREDIT CARD HOLDER NAME: _____

CREDIT CARD ADDRESS: _____

EXPIRATION DATE: _____

SECURITY CODE (CVV): _____

Visa, MC & Discover CVV Location: Three-digit number on the back of your credit card, immediately following your main card number.

Amex CVV Location: Four-digit number located on the front of your credit card, to the right above your main credit card number.

Please charge the following (Check One):

Invoice Number(s): _____

Total Amount: \$ _____

All Invoices Billed

One-time charge of \$ _____

Equal payments of \$ _____, charged

Monthly Quarterly Annually

Beginning on the following date: _____

CARDHOLDER SIGNATURE: _____