



6826 Troost Ave, North Hollywood, CA 91605
818-503-5999 fax 818- 503-5995 www. Artpic2000.com artpicla@mac.com

Credit Card Authorization Form

Fax this completed form to : 818 503 5995 or
e-mail to : artpicla@mac.com

Date:

Company Name _____

As the credit card holder I hereby authorize Art Pic to bill my credit card for rental charges, late charges, handling and / or lost and damage charges for the art works rented on the rental agreement. Art Pic will mail or e mail a copy of all invoices and of c/c receipts to the listed Production Company's Accounting Department . At the time of pick-up, rental fees will be charged tom my credit card.

Form of Payment: AMEX / Visa / MC – please circle one

Amount: _____

Cardholders name: _____

Card Number: _____

Expiration _____

CVC / CID /CVV _____

(Credit card validation number)

Billing address for card:

Authorized
Signature: _____

Print Name: _____