



CREDIT CARD AUTHORIZATION FORM

COMPANY NAME / INDIVIDUAL _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

JOB NAME _____ **INVOICE NUMBER** _____

CONTACT _____ **PHONE** _____

EMAIL _____ **NOTES** _____

CREDIT CARD NUMBER _____ **EXP DATE** _____

SECURITY CODE _____

- KEEP MY CARD ON FILE FOR FUTURE USE WITH DEPICT, INC.
- FOR USE WITH CURRENT TRANSACTION ONLY
- FOR AUTHORIZATION ONLY

PLEASE RETURN COMPLETED FORM ALONG WITH A COLOR IMAGE OF THE FRONT OF THE CREDIT CARD AND IDENTIFICATION

I HEREBY AUTHORIZE DEPICT, INC. TO CHARGE MY CREDIT CARD FOR THE AMOUNT OF \$ _____
[A 5% FEE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS]

I AGREE TO THE TERMS AND CONDITIONS ON THE DEPICT, INC. INVOICE. I AGREE NOT TO DISPUTE THE CREDIT CARD CHARGE. I AGREE TO PAY THE TOTAL INVOICE COST.

CARDHOLDER'S SIGNATURE

DATE

1460 naud street los angeles, CA 90012 / 323.222.1001