



CREDIT CARD AUTHORIZATION

I _____ authorize Metrovision Production Group to bill my corporate credit card \$ _____ as payment for services listed on invoice/production bid _____. Additionally, if I cancel the above order with less than 24 hours notice given to Metrovision, I authorize Metrovision to bill my credit card for the full amount listed above.

Payment breakdown:

Invoice amount: _____
Tax: _____
Total: _____

Card Type: _____
Card Number: _____
Expiration Date: _____
Name on Card: _____
Cardholder's billing Address: _____
(for the above card number) _____
Phone #: _____
Date: _____
Signature of cardholder: _____

By signing this form, the card holder hereby agrees that the credit card listed above will be billed and agrees to be responsible for payment on all charges for services rendered. This form must be completed and returned via fax to (212) 989-8278, Metrovision Production Group, prior to processing your order.

Office Use Only

Approval Number: _____
Date of Approval: _____
Amount of Approval: _____
Processed by: _____