



130 COMMERCE ROAD | CARLSTADT, NJ 07072 | t: 212.989.1515 | f: 212.989.8278

I, _____ authorize Metrovision Production Group to bill my credit card \$ _____, plus a 3% credit card convenience fee, as payment for services outlined on Job Estimate # _____.
 If I cancel the above listed order with less than 72 hours written notice, I authorize Metrovision Production Group to bill my credit card, the full contract amount.

Cardholder's Name:	
Cardholder's Billing Address:	
Cardholder's Telephone #:	
Card Type:	
Card Number:	
Expiration Date:	
CVV:	
Signature of Cardholder:	
Today's Date:	

By signing this form, the cardholder hereby agrees that the credit card listed above will be billed and agrees to be responsible for all charges for services rendered. In the event that payment does not clear, Metrovision will charge for any transaction fees plus a \$50 service fee. Please return via email to payables@metrovision.tv