Phone (708) 598-5850

# Credit Card Authorization

**Please fill out completely, sign and email to JohnK@AVProductions.com.**

ORDERING COMPANY INFORMATION

Company Name _____

D/B/A/ _____

Company Billing Address _____

_____

Card Holder Phone# _____

CREDIT CARD INFORMATION

Visa ☐ Mastercard ☐ Amex ☐

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date ☐☐ ☐☐☐☐

3 or 4-Digit Code ☐☐☐☐

Name on Card (Required) _____

Credit Card Billing Address _____

_____

Card Holder Signature (Required) _____

I authorize the use of my credit card by AVP for services rendered in the amount of _____