

# CREDIT CARD AUTHORIZATION

ONE TIME USE ONLY

KEEP ON FILE FOR FUTURE USE

**ADS WO #:** \_\_\_\_\_





**ADS Acct #:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Credit Card#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Security Code #:** \_\_\_\_\_ (on back of card).

Please **print** the required information below:

-  \_\_\_\_\_  
**Card Holder**
-  \_\_\_\_\_  
**Card Billing Address**
-  \_\_\_\_\_  
**City, State, Zip Code**
-  \_\_\_\_\_  
**Telephone**
- \_\_\_\_\_ **Email**

I/We hereby authorize Advanced Digital Services, Inc. to charge on the credit card identified above in the amount of \$ \_\_\_\_\_, or not to exceed the amount \$ \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

Include a copy of the credit card (front & back) and driver's license with the completed form.

Please return the completed form via fax to 323.962.7923 / Attn: Tina Welding

or via email to [tina.welding@adshollywood.com](mailto:tina.welding@adshollywood.com).

FOR OFFICE USE ONLY:	
CREDIT CARD PROCESSED BY: _____	DATE: _____