

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.

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