



## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize \_\_\_\_\_ Cine G \_\_\_\_\_ to charge my credit card  
(PRINT NAME)

for services rendered. Not to exceed the amount shown.

REFERENCE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD

ATTACH RECEIPT HERE

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CCV # \_\_\_\_\_

(CARD CODE VERIFICATION # is 3-digit code on back of card )

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE FAX TO:**

Attn: Janet Herrera  
(323) 664-5687 fax

CINE G  
4526 Cutter St.  
Los Angeles, CA 90039