



Charge Card Authorization Form

Visa Master Card American Express

Name: _____

Billing Address: _____

Phone: _____

I, the above named card holder, do hereby authorize Moving Picture Electronic Services to bill my account for the sum of \$ _____ for the goods and services ordered on _____. I hereby waive my right to dispute charges for the above mentioned amount.

Signature: _____ Date: _____

Print Name: _____

Card Number: _____

Expiration Date: _____

NOTE: A legible copy of your driver's licence is required to process each order and copy of credit card front and back.

