

MasterCard/Visa Authorization Form

If you would like us to bill this order to a credit card, please complete this form.

Visa MasterCard Amex

Account # _____ Exp. Date _____

Authorized Signature _____ Must be same as name, below.

Name as it appears on card (*Card Holder*) _____

Address to which bills are sent _____

City _____ State _____ Zip _____

Home Phone # _____

If the address supplied above is different from the ship to address, you must give us permission to make the shipment.

“I understand I am asking The Film Group to ship goods and services to an address which is not the one where I reside and/or receive my billing. I accept full responsibility for any loss incurred and further agree to honor the charges made to my credit card in this transaction”

Signed _____ Date _____

Our credit card acceptance policy:

Notice of a *charge back* to our account due to any of the following reasons: "declined charge", "unauthorized charge", "cancelled credit card" or "closed account" after completion of the work and shipment, will be construed by The Film Group as a deliberate attempt on the part of the card holder to avoid payment for our services. Failure of the card holder to make full restitution within three business days of receiving a request for payment by TFG will be considered fraud.

We will make every effort to collect such payment through whatever legal means necessary. This includes a charge of 18% per annum, or the maximum interest rate allowed by law, as well as reasonable attorneys fees (of at least 20%) plus court costs on all uncollected balances.

I have read and understand the above policy.

Card holder must sign, here: _____ Date: _____