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### CREDIT CARD AUTHORIZATION

#### Customer and Payment Information

Customer Name : \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Deposit:**

Contract #: \_\_\_\_\_

Amount: \_\_\_\_\_

**Payment of the invoice:**

Invoice #: \_\_\_\_\_

Amount: \_\_\_\_\_

#### Credit Card Information

Cardholder Name:

Billing address of the card:

City:

Province:

Postal Code:

Credit Card Number:     Visa                     MasterCard                     Amex

No. : \_\_\_\_\_ Exp (mm/yy) : \_\_\_\_\_ \*SVV: \_\_\_\_\_

*\*3 digits on the back of the card (Visa/Master) / 4 digits on the front for Amex*

#### Signature

By signing this agreement, I declare that the information provided above is true and accurate.  
I authorize the company to charge this amount to my credit card.

× \_\_\_\_\_ Date : \_\_\_\_\_  
Cardholder Signature