



WINTECH VIDEO

**CREDIT CARD
AUTHORIZATION FORM**

Production Company: _____.

Project Name: _____.

Date of Shoot: _____.

Cardholder Name: _____.

Address: _____

Phone #: _____.

E-Mail: _____.

Credit Card #: _____.

Expiration Date: _____ **Security Code:** _____.

Authorized Signature _____.

PLEASE NOTE THAT ANY OUTSTANDING BALANCES, MISSING OR DAMAGED EQUIPMENT THAT HAS NOT BEEN PAID FOR WILL BE CHARGED TO THE CREDITCARD WE HOLD ON FILE FOR CUSTOMERS

PLEASE CONTACT WINTECH VIDEO LLC:

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WEBSITE: