



CINEWORKS

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CREDIT CARD AUTHORIZATION FORM

Date: ___ / ___ / ___

Contract# _____

Production Company: _____ Job Name: _____

I, _____, authorize Cineworks to use my (circle one) Visa,
Please print clearly

Master Card, American Express, Discover or Novus card for payment of rentals and/or sales.

The card number is _____ and the expiration date is _____. The 3-4 digit security code from the back of the card is _____. My name as seen on the card _____ and my authorized signature _____. My billing address is _____.

NOTE: A 3.5% fee applies to credit card payments, no fee to debit card payments. Scan of card front and back required.

The amount Cineworks is authorized to charge to my card is \$_____.

Is this a Business or Corporate card? Yes or No (please circle)

Is this a Credit Card or a Debit Card? (please circle one)

If you have any questions regarding this form, please contact the office at

(818) 252-0001. Return this form to Fax# (818) 252-0003, or email to Cineworks agent.



WWW.CINEWORKSINC.COM