



# Warner Bros. Studio Facilities

## Drapery Department

4000 Warner Blvd., BLDG 30 2nd floor

Burbank, CA 91522

Phone (818) 954-4426 Fax (818) 954-3428

The following representatives from our company are authorized to charge Articles from the WBSF Drapery Department using the Credit Card authorized below for payment:

**Names:** \_\_\_\_\_

**Production Company:** \_\_\_\_\_

**Job / Show name:** \_\_\_\_\_

Type of Credit Card:

<input type="checkbox"/>	<b>Mastercard #:</b> _____	<b>Expiration Date:</b> ____ / ____	<b>CVV2#</b> _____ (3 digits on back of card)
<input type="checkbox"/>	<b>Visa #:</b> _____	<b>Expiration Date:</b> ____ / ____	<b>CVV2#</b> _____ (3 digits on back of card)
<input type="checkbox"/>	<b>American Express #:</b> _____	<b>Expiration Date:</b> ____ / ____	<b>CVV2#</b> _____ (3 digits on back of card)
	<b>American Express (4-digit) Boss #:</b> _____	<b>(above account number, right side of card)</b>	
	<b>Name as it appears on the card:</b> _____		

1. The undersigned shall be responsible for the return of all rented items in the same condition as received, reasonable wear and tear excepted.

2. The undersigned shall be responsible for any and all additional charges for loss or damage, cleaning, repairs, restocking, labor, and/or additional rental ("Additional Charges").

3. The undersigned acknowledges that WBSF's liability for damages arising out of any breach, errors, omissions, interruptions, delays or defects in any of the Articles, or services provided by WBSF shall in no event exceed an amount equal to the amount charged pursuant to this Credit Card Authorization Form.

4. The undersigned hereby declares that the credit card information listed above is true, accurate and appears in the name as stated. Further, I authorize my credit card company to accept and charge to my account charges initiated from the WBSF Drapery Department. I also acknowledge that charges may be recurring and, in such event, this authorization allows the WBSF Drapery Department to continue to use this information and the above credit card repeatedly and such information shall remain in full force and effect unless I revoke such authorization in writing.

5. Finally, I acknowledge that this authorization allows the WBSF Drapery Department to charge my credit card any Additional Charges, unless I have made other acceptable payment arrangements with the WBSF Drapery Department and such payment arrangements are approved by the WBSF Accounting Department.

**Signature of Cardholder:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Credit Card billing address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Company Phone:** \_\_\_\_\_

\*\*\* PLEASE SEND BACK WITH COPY OF CREDIT CARD FRONT & BACK \*\*\*