



Credit Card Authorization

IMPORTANT - PLEASE READ CAREFULLY

FAX TO US THE FOLLOWING:

- * **1. THE CREDIT CARD AUTHORIZATION FORM, SIGNED AND DATED.**
- * **2. A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CREDIT CARD.
(USE LIGHTEST COPIER SETTINGS)**
- * **3. THE BACK OF THE CREDIT CARD MUST BE SIGNED.**



Warner Bros. Studio Facilities
Costume Design Center

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

Names: _____

Production Company: _____ **Job/Show Name:** _____

Type of Credit Card:

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

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 Costume Department. I also acknowledge that charges may be recurring and, in such event, this authorization allows the WBSF Costume 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 Costume Department to charge my credit card any Additional Charges, unless I have made other acceptable payment arrangements with the WBSF Costume Department and such payment arrangements are approved by the WBSF Accounting Department.
6. See reverse/2nd page for detail order #'s and invoices.

Signature of Cardholder: _____

Print Name: _____

Dated: _____

