

# ATTIC STUDIOS

## CREDIT CARD AUTHORIZATION

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CREDIT CARD TYPE:  VISA  MASTERCARD  DISCOVER  AMEX

CARD NUMBER: \_\_\_\_\_

CID #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

As the owner or person with signature rights, I hereby certify that I am authorized to use the above credit card number. I further agree that this credit card may be used, by Attic Studios LLC, in the future, for additional rentals or purchases and that this document shall suffice as written authorization, until revoked in writing, for all such uses. I am aware there is a 3.2% transaction fee for all credit card charges.

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

***\*Please fax or email completed form with copy of Credit Card and Signers ID to (718)360-2943 or info@atticstudios.net.***