



BSL PRODUCTIONS  
 10 AZAR COURT  
 HALETORPE, MD 21227  
 866.242.6625

# CREDIT CARD AUTHORIZATION FORM

**PLEASE FAX BACK TO: 410-247-5589**

**PERSONAL INFO:**

BILLING ADDRESS:

SHIPPING ADDRESS:

SAME AS BILLING

\_\_\_\_\_  
 FULL NAME \*

\_\_\_\_\_  
 FULL NAME \*

\_\_\_\_\_  
 COMPANY NAME \*

\_\_\_\_\_  
 COMPANY NAME \*

\_\_\_\_\_  
 ADDRESS \*

\_\_\_\_\_  
 ADDRESS \*

\_\_\_\_\_  
 CITY \* ST \* ZIP CODE \*

\_\_\_\_\_  
 CITY \* ST \* ZIP CODE \*

\_\_\_\_\_  
 PHONE \*

\_\_\_\_\_  
 PHONE \*

\_\_\_\_\_  
 FAX

\_\_\_\_\_  
 EMAIL

**CREDIT CARD INFO:**

CARD TYPE: VISA / MC / AMEX / DIS

\_\_\_\_\_  
 CARD NUMBER \*

\_\_\_\_\_  
 NAME ON CARD \*

\_\_\_\_\_  
 EXP DATE \* SECURITY CODE \*

\_\_\_\_\_  
 BANK NAME \* BANK PHONE \*

**\* MANDATORY INFORMATION**

**AMOUNT TO BE CHARGED:**

**TERMS OF USE**

I hereby authorize BSL Productions, Inc. to charge the above credit card for the amount listed. This charge will be used to pay for the items referenced in the attached quote/invoice.

When signed, this document serves as a "Signature on File." By signing this document, I am stating that I understand the contents of this document and agree to all terms.

I agree to pay any charges made according to the card issuer agreement.

Please check here if you wish BSL Productions, Inc. to keep this credit card number on file for future purchases.

Please check here if you wish BSL Productions, Inc. to use this credit card number for this transaction ONLY!

\_\_\_\_\_  
 SIGNATURE \*

\_\_\_\_\_  
 PRINT NAME \*

\_\_\_\_\_  
 DATE \*