



**FSLA**  
Film Source LA

11222 Weddington St.  
North Hollywood, CA 91601

P.(818) 484-3236

F. (818) 688-0101

# Film Source LA Credit Card Auth.

Date:	Time:
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From: \_\_\_\_\_

Company: \_\_\_\_\_

Fax Number \_\_\_\_\_

To: \_\_\_\_\_

Company: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Subject \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMMENTS:

### Re: CREDIT CARD AUTHORIZATION

C.C. TYPE: VISA  M/C  AM.EXP.  DISC.  Other \_\_\_\_\_

CREDIT CARD No. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CVS \_\_\_\_\_

CARD HOLDER'S NAME \_\_\_\_\_

CARD HOLDER'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I hereby authorize **Film Source LA** to charge my credit card for film purchases. 0.00

Authorized Signature \_\_\_\_\_ .

*Thank you!*

Pages including cover page: \_\_\_\_\_