



O.T.M.F.C. Inc

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Credit Card Authorization Form

Customer to be Billed

Photographer

Name

Job Reference

Company

Phone

Email

Address (Street, City, State, Zip)

Card Holder Name

Card Type

Card Number

Expiration

Security Code

Card Holder Billing Address (Street, City, State, Zip)

The signature of this form authorizes O.T.M.F.C. Inc to charge the card listed above for all charges, any unpaid invoices, and pre-authorizations immediately after the job. I also authorize O.T.M.F.C. Inc to charge the card to pay in full any invoice older than 30 days for account clients. Accounts not paid within 30 days of the date of the invoice are subject to a 1% monthly finance charge (APR 12%). Customer shall be obligated to pay costs and expenses of collection, including reasonable attorney fees.

Please Sign or E-sign your Name

Date

Please provide a copy of Credit Card and Drivers License