



O.T.M.F.C. inc

Light and Grip

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CREDIT CARD AUTHORIZATION FORM

Customer to be billed: _____ Photographer _____

Name _____ Job Reference _____

Company _____ Phone _____

Address _____ Fax _____

_____ E-mail _____

City _____ ST _____ ZIP _____

Card Holder Name _____ Card Type _____

Card Number _____ Exp _____

Security Code _____

Card Holder Billing Address _____

_____ ZIP _____

Signature _____ Date _____

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. I also authorize O.T.M.F.C. Inc to charge the card to pay in full any invoice older than 60 days.