

# Credit Card Authorization



<b>Attn:</b>		<b>Company Name:</b>	
<b>Fax #:</b>			
<b>Date:</b>			
<b>Credit Card Billing Name:</b>		<b>Billing Contact Email:</b>	
<b>Billing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>			
<b>Credit Card Type:</b>		Visa <input type="checkbox"/>	MC <input type="checkbox"/>
		AmEx <input type="checkbox"/>	
<b>Credit Card #:</b>		<b>Expiration Date:</b>	
<b>Visa or Mastercard:</b> <b>3 digit CID #: _____</b> (The CID no. is the 3-digit value printed on the signature panel on the back of the card, immediately following the credit card account number.)			
<b>American Express:</b> <b>4 digit CID #: _____</b> (The CID no. is the 4-digit value, non-embossed number printed above your account number on the face of the card.)			
I authorize Siren Studios to charge my credit card identified above for any payment for which I may become liable hereunder including the full amount of any service which remains unpaid 60 days after the date of invoice. I understand that a 3% service charge may be added to all amounts that are paid later than 30 days from the invoice date.			
<b>Authorized Cardholder's Signature:</b>			
<b>Print Cardholder's Name:</b>			
Note: Must have a photocopy of the credit card (front and back) and the cardholder's driver's license sent back with this form.			