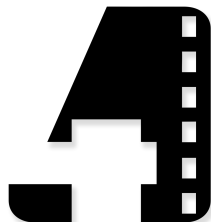


4Reel Productions LLC
e-mail: info@4Reel.net
phone: 747-248-4575



Date: _____

Credit Card Authorization Form

Please complete all fields below. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			
Security Code:			
Full Billing Address:			
Cardholder ZIP Code (from credit card billing address):			

Please include Scanned Copy of the front and back of the credit card listed, together with an associated Government Issued ID (front and back). Orders CANNOT be processed otherwise.

A 5% Credit Card fee will be assessed upon payment with a credit card.

I, _____, authorize **4Reel Productions LLC** to charge my credit card for agreed upon purchases. I understand that my information may be saved to file for future transactions on my account.

Customer Signature

Date

Customer Name

Company