

CREDIT CARD CHARGE AUTHORIZATION AND CONTINUING GUARANTEE

Credit Card Information

Name on Card: _____
Company Name on Card: _____
Billing Address: _____

Account Number: _____
CID:* _____
Card Expiration Date: _____

Personal Information

Phone: _____
Fax: _____
Email: _____
Address: _____

*The CID can be found in the following credit card locations: for Mastercard and Visa, the CID is the last (3) numbers printed within the signature panel. For American Express, the CID is a (4) digit number printed to the right and above the 16-digit account number.

PURPOSE

The undersigned authorizes the **dr group** to charge the credit card on file listed above in the amount of \$_____, for the purchase of the following products or services:

TERM

This authorization covers the following transaction date (or term) _____, exclusively.

The undersigned agrees that monies due the **dr group** may be charged to the credit card identified above. The charges herein shall include, but not be limited to hourly rental charges, services, products, sales tax, freight and any charges for loss or damage to the edit suite or equipment herein.

In the event that the credit card company described above fails or refuses to make payment for the charges submitted, the undersigned agrees that he/she will be personally responsible for any charges of said refusal.

The undersigned certifies that they are the cardholder and/or have full authorization for purchasing on the listed card.

PROOF OF IDENTITY

When returning this form, please include an **enlarged** photocopy of your government issued ID, and a photocopy of the front and back side of the listed credit card.

AUTHORIZATION

I, _____ authorize the **dr group** to charge the credit card account listed herein.

Signature: _____

Date: _____

Your **dr group** Contact is:

email: @thedrgroup.com